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Gloucestershire County Council

# Annual Report

of the COUNTY MEDICAL  
OFFICER OF HEALTH for  
the Year 1955

GEO. F. BRAMLEY  
County Medical Officer of Health.





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Health Department,  
Berkeley House,  
Berkeley Street,  
Gloucester.

June, 1956.

*To the Chairman and Members of  
the Health Committee.*

SIR, LADIES AND GENTLEMEN,

When opening the Hester's Way Health Centre in Cheltenham in July the Minister of Health was kind enough to say that in looking through the Annual Reports and considering the reports of his officers with regard to the health services in Gloucestershire, he could only find one particular instance for comment; he considered that the diphtheria immunisation might be better. This statement is still true. The health services in the County are reasonably adequate and the Committee are well aware of those facets where the services can be improved. The inadequacies of buildings and staff continue. In 1955 shortages of personnel, particularly of dentists, and later in the year restriction in capital expenditure on new clinic and other accommodation slowed down provisions which are urgently necessary. Three matters in which provision of more staff and new or better buildings might not succeed in helping are the unsatisfactory diphtheria immunisation rate, especially in children under one and under five, the lowering of the infantile mortality rate in the Council's largest urban area and the continued relatively high tuberculosis infection rate. Progress should be made with existing facilities and organisation in dealing with these items, but not all the facilities come within the control of the Council. The importance of diphtheria immunisation is pressed by Health Visitors both on the occasion of their home visits and at the Child Welfare Centres, but it still remains difficult to impress on parents the need for diphtheria immunisation when no cases occur in their district to alarm them. The danger of this outlook is not fully realised. However, the Minister's reminder was not overlooked and all the action that can be taken to stimulate the campaign of diphtheria immunisation continues.

With regard to the infantile mortality rate in Cheltenham, there is in the body of the Report a review of the investigation into each infant death over a period of two years. This review is to continue. It must be remembered, however, that the low infant mortality rates of to-day compared with those of twenty years ago are closely related to the personal health services which were available to the present-day mothers when they were children. The reduction of the infant mortality rate cannot be achieved by short-term measures. The vast majority of the efforts which have achieved to-day's results are educational, and not only educational in respect of the mothers themselves; reduction in the infantile mortality rate is also a result of team measures. I am satisfied that there are services available for all members of the personal health team. We ought to be able to look confidently to the future when the infantile mortality rate in Cheltenham will be at least as low as that of the rest of the County. One reason for the higher rate in Cheltenham is the higher illegitimacy birth rate in that town. Fundamental reasons for this high rate are not, as far as I am aware, fully known.

A notification rate of pulmonary tuberculosis still as high as that in the late 1930s, even with the decline in the death rate, cannot be viewed with complacency. There is, of course, no doubt that the present-day intensive search for new cases leads to a higher notification rate. The only consolation is that notified cases do come under treatment and modern treatment is such that cases should not be infectious for a very long period. It is comforting to see that it is no longer thought that a tuberculous patient whose life is prolonged by modern drugs is necessarily going to spread infection with a drug resistant organism as was the opinion some two years ago. The B.C.G. vaccination scheme got well under way during the year and whilst it will never in itself eradicate tuberculosis, it is one of the measures which, added to existing measures, will play an important part.

The Ministry of Health have asked that this Annual Report shall give a brief description of the developments in the services which assist in the prevention of the breakdown of families. The matter has been thoroughly reviewed by the Committee and given consideration at all levels of staff. The following is a brief summary of the measures being evolved. There are changes in the Health Visitors' Training Course which take more account of experience in case work, human relationships and mental health, and this is being extended as in-training courses for Health Visitors. The Health Committee, together with the Welfare and Children's Committees, are giving consideration to the provision of special workers for unsatisfactory families and the possibility of providing special accommodation for the training of families, alongside the Welfare Committee's consideration of the booklet *Unsatisfactory Tenants*, published by the Ministry of Housing and Local Government. In order to get closer co-operation with all the welfare agencies which may be concerned, members of the Health Department's staff will at divisional level have regular meetings where there will be Health Visitors and Medical Officers, and to which will be invited from time to time Housing Managers, Probation Officers, N.S.P.C.C., clergy, Marriage Guidance Counsellors, teachers, youth leaders, child care officers, school attendance officers, etc. These will be in addition to the exchange of information which is going on between all these welfare workers on particular families from day to day. Health Visitors are no longer tied to a strict routine in their methods of visits, which is enabling them to give better help and longer time to those families where it seems that their help is necessary and might be of some avail. The Home Help Service which, amongst the many other aspects of its work, does help in this matter, was extended again during the year. There was no need to arrange for a special service for families deprived temporarily or permanently of a mother as this help had always been accepted as part of the Home Help Service in this County.

The Ministry also asked that the report should tell of the consideration given to the home nursing of young children. There are in the body of the report figures showing an analysis of the type of work which is done by home nurses. In Cheltenham the District Nursing Association proposes, as soon as staffing difficulties can be overcome, to run an *ad hoc* nursing service for young children. Without a specialised service it is interesting to note that in Cheltenham alone some twelve per cent of patients nursed in their own homes were children under the age of five.

The opening of the Hester's Way Health Centre in Cheltenham during the summer was the inauguration of something quite new in the Gloucestershire Health Services and as this Health Centre was only the fifth to be opened in England and Wales, it was something new in the health services of the country. Some details of the building and its method of working are set out in the body of the report and I am glad to be able to say that the centre has run smoothly, quietly and efficiently from the date of opening on 1st June, 1955.

There has still been some difficulty in recruiting a sufficient number of Health Visitors and District Nurses and Midwives, but very few vacancies have been continuous. Good progress was made in the provision of nurses' houses and if the building programme had not been somewhat delayed by the capital restriction which had to be contemplated for 1956, there would now be practically no area in the County

where nursing could not be provided because of the inability to find accommodation for a District Nurse/Midwife. In this programme of nurses' houses provision, great assistance has been given by the majority of the District Councils in providing a Council house for the nurse, providing a site for a County Council house, or erecting a house on behalf of the County Council. Where none of these arrangements have been possible, the County Council has built houses and by the end of 1955 thirty-four houses had either been built or purchased in addition to the two homes and a hostel.

Cancer caused an increased number of deaths and an increase in the percentage of total deaths. The number of deaths from carcinoma of the lung has not increased over the last two years, but whereas the majority of deaths of cancer generally are in the age groups over sixty-five, the majority for cancer of the lung are below that age, i.e., whilst still members of the working population of the country. Whilst there still might be controversy about the cause of cancer of the lung, there is sufficient evidence to make it abundantly clear that young people would be well advised not to smoke cigarettes.

The Ambulance Service continues to carry more patients year by year without any increase in staff except to cover the area in the South of the County formerly provided with an ambulance service on the County Council's behalf by the Bristol City Council. The change-over was accomplished quietly and should show financial saving. The ambulance control station in the South of the County was transferred from Patchway to accommodation in Soundwell, which was made by converting buildings used for civil defence purposes in the last war.

The number on the register of the blind showed a slight decrease for the first time. The number registered as physically handicapped has increased; an important development in this service was the appointment of an occupational therapist.

In the report on the sanitary circumstances of the County, it will be seen that many of the post-war sewerage and water schemes are coming into use and it is pleasing to note the great progress which has been made in these matters since 1946. It will be remembered, however, from the reports of the census of 1951 how urgently needed these provisions are over large parts of the rural districts.

We continue to be indebted to voluntary societies and their voluntary members for extensive help in almost every section of the Health Committee's responsibilities. Once again I wish to record my gratitude to the Chairman, members of the Health Committee, officers of other departments of the County Council and to the officers of my department, the extent of whose work is indicated in the following pages of this report.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,  
*County Medical Officer of Health.*

## STAFF

as at 31st December, 1955

County Medical Officer of Health and Principal School Medical Officer .. ..	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer .. ..	W. Davidson Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer .. .. ..	E. Catherine Morris Jones, M.B., B.S., B.Hy., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer .. ..	C. L. Sharp, M.R.C.S., L.R.C.P., D.P.H.
Assistant County Medical Officers of Health and School Medical Officers .. ..	K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. Katherine E. M. Allen, M.A., M.R.C.S., L.R.C.P. D. P. Brunton, M.B., Ch.B., D.P.H. Catherine E. Hignell, M.R.C.S., L.R.C.P. Mary P. S. Seacome, M.A., B.M., B.Ch. J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H. D. J. Speller, M.B., Ch.B., D.P.H.
Assistant County Medical Officers of Health and Divisional Medical Officers of Health (also District Medical Officers of Health)	A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. A. Knox, M.B., B.Ch., B.A.O., D.P.H. M. L. Sutcliffe, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
Divisional Medical Officers of Health .. .. (also District Medical Officers of Health)	W. J. D. Cooper, M.B., B.Ch., B.A.O., D.P.H. J. Menzies Cormack, M.B., Ch.B., D.P.H. T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G.
Chest Physicians (part-time) .. ..	F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M.D., M.R.C.P.
Principal School Dental Officer .. ..	J. F. A. Smyth, L.D.S.
Dental Officers .. .. ..	D. N. de Gruyther, L.D.S. W. M. Ellis, L.D.S. L. K. James, B.D.S. Miss M. S. MacKinnon, L.D.S. F. McGonigal, L.D.S., D.D.O. J. P. B. Pengelly, L.D.S. Mrs. D. W. Squires, L.D.S. D. A. Thomas, L.D.S. Miss K. Platt, L.D.S. A. W. McCarthy, L.D.S. R. B. Mycock, L.D.S. D. J. S. Waterhouse, B.Ch.D., L.D.S. A. J. Lane, L.D.S. 4 part-time officers 5 vacancies

Dental Hygienist	..	..	..	Mrs. W. E. Judd
Superintendent Health Visitor	..	..	..	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor			..	Miss F. E. Fortnam
Health Visitors	..	..	..	62 in number
Health Visitor Tutor	..	..	..	Miss R. Atkinson
County Nursing Association:				
Secretary	..	..	..	A. F. Poyser
Superintendent	..	..	..	Miss M. A. Bach
Assistant Superintendents	..		..	Miss I. Collin Miss C. M. Allison 163 District Nurse/Midwives
Orthopaedic After-Care Sisters	..	..	..	Miss I. A. Beale Miss V. Leake Miss N. Long Mrs. E. A. Stokes
Mental Health Home Teacher	..	..	..	Mrs. E. M. Barnes
Mental Health and Duly Authorised Officers			..	G. L. Cox K. R. Pennington A. E. Poyser G. H. Watts
Duly Authorised Officers	..	..	..	J. D. Harris F. H. Livesey F. L. Wintle
Assistant Duly Authorised Officer	..	..	..	D. S. Bayliss
Supervisors of Occupation Centres	..	..	..	4 in number
Assistant Superivsors of Occupation Centres	..	..	..	12 in number
Speech Therapists	..	..	..	Miss D. Braithwaite Mrs. D. Hodgson Miss A. Parsons Miss M. Vale 1 part-time
Dental Attendants	..	..	..	13 whole-time and 2 part-time
County Sanitary Inspector	..	..	..	S. B. J. Davies, A.R.San.I., F.S.I.A.
Assistant County Sanitary Inspector			..	G. E. Fletcher, M.R.San.I., N.S.I.A., M.R.I.P.H.H.

County Ambulance Officer	..	..	W. C. Virgo, O.B.E.
County Home Help Organiser	..	..	Mrs. M. C. O'Driscoll, M.B.E.
Relief and Assistant Home Help Organisers	..	9 in number	
Secretary, County Association for the Blind	..		Miss B. M. J. Saunders
Home Teachers for the Blind	..	..	6 in number
Welfare Officer for the Deaf	..	..	Miss E. D. Galbraith
Welfare Officer for the Physically Handicapped	..		Miss D. M. Mills
Occupational Therapist	..	..	Miss A. Saunders
Administrative Officer	..	..	W. T. Winstone
Senior Administrative Assistants	..	..	A. Hudson H. Paling E. B. Wilton

## SECTION A

## STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

**Area (in acres):—**

### Population:—

### Registrar-General's Estimate (Mid-year, 1955):—

Urban ..	..	..	..	..	..	..	149,600
Rural ..	..	..	..	..	..	..	299,800
							449,400
<b>Rateable Value (1st April, 1955)</b>	..	..	..	..	..	..	£2,584,848

### Extract from Vit 1 Statistic

Live Birth Rate per 1,000 population .. .. .. .. .. ..	15.42
Still Births—158. Rate (per 1,000 total Births) .. .. .. .. .. ..	22.80
Deaths—5,143 Death Rate (per 1,000 population) .. .. .. .. .. ..	11.44
Deaths from Pregnancy, Childbirth and Abortion .. .. .. .. .. ..	2
Maternal Mortality Rate (Deaths per 1,000 total births) .. .. .. .. .. ..	0.28
Death Rate of Infants under one year of age:—	
All infants, per 1,000 live births .. .. .. .. .. ..	24.10
Legitimate infants, per 1,000 legitimate live births .. .. .. .. .. ..	23.88
Illegitimate infants, per 1,000 illegitimate live births .. .. .. .. .. ..	28.57
Death Rate of Infants under four weeks of age:—	
All infants, per 1,000 live births .. .. .. .. .. ..	17.89
Legitimate infants, per 1,000 legitimate live births .. .. .. .. .. ..	17.38
Illegitimate infants, per 1,000 illegitimate live births .. .. .. .. .. ..	28.57
Deaths from:—	
Cancer (all ages) .. .. .. .. .. ..	835
Measles (all ages) .. .. .. .. .. ..	3
Whooping Cough (all ages) .. .. .. .. .. ..	2
Gastritis, enteritis and diarrhoea (all ages) .. .. .. .. .. ..	15

### 1. Live Birth Rate

The Birth Rate for the year 1955 was 15.42 per 1,000 of the population, as compared with 15.80 in 1954.

The following table shows the comparative figures for the past five years:—

	1951	1952	1953	1954	1955
Urban .. .. ..	15.27	15.71	15.28	15.74	15.61
Rural .. .. ..	15.66	15.69	15.98	15.83	15.33
Administrative County ..	15.63	15.69	15.74	15.80	15.42
England and Wales ..	15.5	15.3	15.5	15.2	15.0

### 2. Death Rate

The Death Rate for the year was 11.44 per 1,000 of population as compared with a rate of 11.22 last year.

The total number of deaths in the County during 1955 was 5,143 and chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	611	4.08	1,228	4.10	1,839	4.09	34.95	36.17	35.76
Cancer ..	297	1.98	538	1.79	835	1.86	16.99	15.85	16.23
Vascular lesions of nervous system ..	250	1.67	519	1.73	769	1.71	14.30	15.29	14.95
Other circulatory Diseases ..	66	0.44	142	0.47	208	0.46	3.77	4.18	4.04
Pneumonia ..	60	0.40	138	0.46	198	0.44	3.43	4.06	3.85
Bronchitis ..	67	0.45	126	0.42	193	0.43	3.83	3.71	3.75
Accidents ..	60	0.40	117	0.39	177	0.39	3.43	3.45	3.44

### 3. Infantile Mortality

The infantile Mortality Rate for the County was 24.10. The rate for England and Wales for the same period was 24.9.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1949 ..	72	29	149	30	221	30	32
1950 ..	73	32	123	26	196	28	29
1951 ..	71	32	108	23	179	26	29
1952 ..	79	34	115	24	194	28	27
1953 ..	49	21	111	23	160	23	26
1954 ..	65	27	109	23	174	24	25
1955 ..	58	24	109	23	167	24	24

## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

#### 1. Laboratory Facilities

(a) The arrangements for laboratory facilities for the undertaking of Public Health bacteriological and pathological work remain the same as for last year.

## (b) REPORT OF E. G. WHITTLE, B.Sc., F.R.I.C., PUBLIC ANALYST

This report represents the fourth year's work consequent upon the agreement entered between the County Council and the Bristol City Council in 1951. The main task concerns the analyses of Food and Drugs and, in particular, milk, but the Laboratory assists in several other directions, notably in chemical examinations of water supplies, sewage effluents, etc., and fertilisers and feeding stuffs.

## SUMMARY OF EXAMINATIONS

Milk .. .. ..	729
Food & Drugs .. .. ..	505
Waters .. .. ..	112
Fertilisers and Feeding Stuffs .. ..	66
Miscellaneous .. .. ..	49
Atmospheric Pollution:—	
Lead Peroxide .. ..	42
Deposit Gauges .. ..	30
	—
	1,533
	—

## FOOD AND DRUGS ACT

The level of sampling in respect of Food and Drugs is practically the same as 1953 and 1954, with rather more than half the samples concerning milk analysis.

Forty-two samples of milk were returned as adulterated and of these 8 were taken formally. Thirty-four samples showed deficiencies in fat and 8 contained added water. In some of the cases of fat deficiency the bulk fat of the consignment proved to be satisfactory. Besides being fat deficient 6 samples showed solids-not-fat figure below 8.5 per cent, although the freezing point determinations did not indicate addition of water.

Apart from milk the following were returned as irregular.

C.993	Compound Glycerine of Thymol .. .. Informal ..	80 per cent deficient in glycerine.
C.1051	Compound glycerine of thymol .. .. Formal ..	80 per cent deficient in glycerine.
B.1118	Buttered walnuts .. Informal ..	3.2 per cent fat.
B.1157	Butterscotch .. Informal ..	1.9 per cent fat
B.1189	Butterscotch .. Formal ..	2.7 per cent fat
C.1204	Buttered coffee .. Informal ..	Only 2.75 per cent butterfat
C.1212	Camphorated oil .. Informal ..	Entirely spirit of camphor

It is of considerable interest when considered against the total of 729 milks examined that 50 milks showed abnormality in solids-not-fat (that is less than 8.5 per cent s.n.f.) whilst the freezing point indicated genuine milk. Thirteen samples were of poor quality inasmuch as they contained just less than 3 per cent of fat. That is a total of 63 milks, or nearly 9 per cent of the total examined, gave figures below the presumptive standards. Again of 51 Channel Island milks, 8 or nearly 16 per cent were below the required 4 per cent minimum fat.

## Other Food and Drugs calling for comment:—

A.849	Minced chicken	..	Informal	..	Remarks on the amount of chicken.
B.1018	Ground rice	..	Informal	..	Whole rice
B.1020	Treacle butterscotch	..	Informal	..	Further sample requested.
B.1072	Whole ginger	..	Informal	..	Somewhat musty
B.1073	Pork sausages	..	Formal	..	60 per cent. meat. Poor quality.
C.1014	Teething powder	..	Informal	..	No mercury.
C.1015	Grey powder B.P.	..	Informal	..	Diluted with 50 per cent of lactose.
C.1046	Pork sausages	..	Formal	..	62.2 per cent pork meat. Poor quality.
C.1047	Beef sausages	..	Formal	..	48.6 per cent beef meat. Poor quality.
A.902	Blackcurrant jam	..	Informal	..	Poor quality. Total soluble solids 67.8 per cent against required minimum 68.5 per cent.
A.963	Pork pie	..	Informal	..	Poor quality. Only 16.7 per cent meat.
B.1142	Cascara segrade B.P.C.	..	Informal	..	Carton stated article was B.P. preparation. Bottle correctly labelled as B.P.C.
B.1216	New cream flavoured toffee	Informal	..	..	No butterfat. Comment on size of the word "flavoured."
A.1011	Malt vinegar	..	Informal	..	Sucrose declared as being used. Ministry to be asked for their views of this practice.
C.1295	Pure fresh cream	..	Informal	..	Complaint of bitter taste not substantiated.
B.1311	Dried Peas	..	Informal	..	A few fragments of metal. Repeat sample satisfactory.
C.1315	Saccharin tablets	..	Informal	..	Saccharin 0.24 grains. Order requires 0.18 to 0.22 grains. Repeat sample satisfactory.

## WATERS, EFFLUENTS, ETC.

*Summary*

Wells, Springs and Boreholes	..	46
Mains Supply	..	41
Sewage and Sewage Effluents, etc.	..	19
Miscellaneous	..	9
		—
		115
		—

Eighty-seven samples of drinking water were submitted—of these, 45 were satisfactory. The remainder gave evidence of pollution or contamination on chemical or bacteriological examination.

## MISCELLANEOUS, including Atmospheric Pollution.

Dried milk	..	..	..	1
Milk	..	..	..	7
White spirit	..	..	..	1
Water from borehole	..	..	..	1
Subsoils	..	..	..	8
Canned tomatoes	..	..	..	1
Water from subsoil	..	..	..	1
Soil and stone	..	..	..	1
Water	..	..	..	1
Rock lobster	..	..	..	1
Ice lolly	..	..	..	3
Meat pies	..	..	..	1
Lead peroxide	..	..	..	42
Rain gauges	..	..	..	30
Dirty milk bottle	..	..	..	1
Petri dish and tray surveys	..	..	..	3
Ice cream	..	..	..	10
Bread	..	..	..	1
Cream	..	..	..	3
Tinned apples	..	..	..	5
Pork luncheon meat	..	..	..	1
Beans in tomato sauce	..	..	..	3
				126

The dried milk was of normal composition.

Six milks were of normal composition and free from an alleged tallowy flavour.

A water from a borehole and subsoil water, and 8 subsoils were examined for sulphates.

The canned tomatoes were not "blown" and were free from tin and lead.

The ice creams were of satisfactory composition.

The ice lollies were free from metallic contamination.

The white spirit had a flash point of 99 degrees F.

A milk was found to contain a disintegrated and partly burnt cigarette end.

The petri dish survey was required to check weight of deposit and its nature in the area of a works.

A bread contained disintegrated portions of cardboard.

The three creams were very sour on receipt in the laboratory. There was no evidence of carbonates or preservatives. No taint was detectable, but it is possible that unpleasant tastes can develop from the use of kale for feeding cattle or by ingestion of certain weeds.

The tinned apples were free from toxic metals but there was some discolouration of the fruit probably due to long exposure to air after cutting and prior to canning.

The pork luncheon meat contained no undue amounts of toxic metals, but bacteriologically organisms were present which would cause deterioration on storage.

Finally, the beans in tomato sauce were free from tin and other toxic metals, although there was some sulphide staining of the cans.

The atmospheric pollution examinations were made on behalf of the County Council, Kingswood U.D.C., and Dursley R.D.C. These related to measurements both of deposited rain and sulphur dioxide pollution.

#### FOODS

	<i>Nature of Sample</i>					<i>Number adulterated</i>	
						<i>Total examined or otherwise irregular</i>	
Milk	..	..	..	..	..	729	42
Ale	..	..	..	..	..	1	—
Almonds, ground	..	..	..	..	..	1	—
Angelica	..	..	..	..	..	1	—
Apples	..	..	..	..	..	1	—
Apricot juice	..	..	..	..	..	1	—
Arrowroot	..	..	..	..	..	1	—
Bananas	..	..	..	..	..	1	—
Beans in tomato sauce	..	..	..	..	..	3	—
Beans, green, canned	..	..	..	..	..	1	—
Beef suet	..	..	..	..	..	3	—
Beetroot, pickled	..	..	..	..	..	1	—
Blancmange powder	..	..	..	..	..	3	—
Black pudding	..	..	..	..	..	1	—
Bread	..	..	..	..	..	8	—
Butter	..	..	..	..	..	1	—
Buttered rolls	..	..	..	..	..	2	—
Cakes and pastries	..	..	..	..	..	6	—
Cake mixture	..	..	..	..	..	2	—
Canned fish	..	..	..	..	..	5	—
Canned fruit	..	..	..	..	..	4	—
Canned meat	..	..	..	..	..	3	—
Canned peas	..	..	..	..	..	1	—
Canned soup	..	..	..	..	..	9	—
Canned tomatoes	..	..	..	..	..	1	—
Canned vegetables	..	..	..	..	..	10	—
Cheese and spreads	..	..	..	..	..	16	—
Chicken spread	..	..	..	..	..	1	—
Chicken soup	..	..	..	..	..	1	—
Chewing gum	..	..	..	..	..	6	—
Christmas pudding	..	..	..	..	..	1	—
	Carried forward				..	825	42

*Nature of Sample*

*Number adulterated*  
*Total examined or otherwise irregular*

	Brought forward			..	825	42
Chicklettes	..	..	..	..	1	—
Cider	..	..	..	..	1	—
Cocoa	..	..	..	..	1	—
Coffee and chicory essence	..	..	..	..	3	—
Coffee preparation	..	..	..	..	1	—
Condensed milk	..	..	..	..	1	—
Cooking fat ..	..	..	..	..	2	—
Confectionery	..	..	..	..	4	—
Cream	..	..	..	..	2	—
Creamed rice	..	..	..	..	1	—
Curry powder	..	..	..	..	4	—
Custard powder	..	..	..	..	2	—
Desiccated Coconut	..	..	..	..	1	—
Dressed crab	..	..	..	..	2	—
Dried fruit ..	..	..	..	..	2	—
Dried vegetables	..	..	..	..	3	—
Dripping ..	..	..	..	..	2	—
Eggloss	..	..	..	..	1	—
Essence of rennet	..	..	..	..	1	—
Faggots	..	..	..	..	3	—
Fillets of cod (frozen) ..	..	..	..	..	1	—
Fish fingers (frozen)	..	..	..	..	1	—
Fish cakes ..	..	..	..	..	5	—
Fish pastes ..	..	..	..	..	10	—
Flavourings ..	..	..	..	..	2	—
Flour, plain ..	..	..	..	..	1	—
Fruit pie ..	..	..	..	..	1	—
Ginger (root)	..	..	..	..	1	—
Gingerade ..	..	..	..	..	1	—
Grapefruit ..	..	..	..	..	1	—
Gravy browning	..	..	..	..	6	—
Green beans (frozen) ..	..	..	..	..	1	—
Gelatine ..	..	..	..	..	1	—
Golden crumbs	..	..	..	..	1	—
Golden raising powder	..	..	..	..	1	—
Horseradish sauce ..	..	..	..	..	1	—
Ice cream ..	..	..	..	..	17	—
Ice lolly ..	..	..	..	..	2	—
Jelly, crystals and table	..	..	..	..	10	—
Lard ..	..	..	..	..	4	—
Lemon ..	..	..	..	..	1	—
Lemonade crystals ..	..	..	..	..	2	—
Lemon juice ..	..	..	..	..	1	—
Lemon pie filling ..	..	..	..	..	1	—
Lemon and barley water	..	..	..	..	1	—
Carried forward ..				..	937	42

Nature of Sample				Number adulterated	
				Total examined or otherwise irregular	
	Brought forward	..	937	42	
Lobster, canned	..	..	..	1	—
Lollipop ..	..	..	..	1	—
Malted milk drink	..	..	..	1	—
Margarine ..	..	..	..	7	—
Marzipan ..	..	..	..	1	—
Meat paste ..	..	..	..	4	—
Meat pastie	..	..	..	2	—
Meat soup ..	..	..	..	2	—
Milk powder	..	..	..	1	—
Minced chicken	..	..	..	1	—
Minced turkey	..	..	..	1	—
Mincemeat ..	..	..	..	6	—
Mint ..	..	..	..	1	—
Mint in vinegar	..	..	..	1	—
Mustard ..	..	..	..	3	—
Non-alcoholic wine	..	..	..	1	—
Nutmeg, ground	..	..	..	1	—
Oranges ..	..	..	..	5	—
Oranges, canned	..	..	..	1	—
Orange drinks	..	..	..	9	—
Peel, cut ..	..	..	..	2	—
Peas and carrots (frosted)	..	..	..	1	—
Pepper ..	..	..	..	10	—
Pearl barley ..	..	..	..	2	—
Peanuts, salted	..	..	..	1	—
Pickles ..	..	..	..	3	—
Pies, pasties and rolls	..	..	..	23	—
Pie filling ..	..	..	..	1	—
Potato crisps	..	..	..	2	—
Potato salad	..	..	..	1	—
Preserves ..	..	..	..	26	—
Prunes ..	..	..	..	1	—
Rice ..	..	..	..	4	—
Ruskit ..	..	..	..	1	—
Salad Oil ..	..	..	..	1	—
Sandwich spread	..	..	..	1	—
Sardines, canned	..	..	..	1	—
Sausages ..	..	..	..	13	—
Sausage, liver	..	..	..	1	—
S.R. flour ..	..	..	..	5	—
Semolina ..	..	..	..	1	—
Spaghetti, cooked	..	..	..	1	—
Spices ..	..	..	..	5	—
Squash ..	..	..	..	1	—
Sponge mixture	..	..	..	3	—
	Carried forward ..	..	1,098	42	

Nature of Sample	Number adulterated			
	Total examined or otherwise irregular			
	Brought forward	..	1,098	42
Stewed steak	..	..	..	1
Stout	..	..	..	1
Stuffing	..	..	..	1
Sugarless raspberry preserve	..	..	..	1
Sultanas	..	..	..	1
Sweets	..	..	..	28
Tea	..	..	..	6
Tomato ketchup and sauces	..	..	..	3
Tangerines	..	..	..	1
Vinegar, apple	..	..	..	1
Vinegar, malt	..	..	..	1
Whiskey	..	..	..	9
Yeast extract	..	..	..	1
			—	—
Total	..	..	1,153	46
			—	—

## DRUGS

Almond oil ..	..	..	..	1	—
Ammoniated tincture of quinine	..	..	..	1	—
Antiseptic pastilles ..	..	..	..	1	—
Aspirin tablets ..	..	..	..	4	—
Bicarbonate of soda ..	..	..	..	3	—
Bismuth tablets ..	..	..	..	2	—
Blackcurrant and glycerine pastilles	..	..	..	1	—
Bronchial mixture ..	..	..	..	1	—
Cascara Sagrada Tablets ..	..	..	..	3	—
Camphorotated Oil ..	..	..	..	2	1
Castor oil ..	..	..	..	2	—
Cod liver oil emulsion ..	..	..	..	1	—
Codeine linctus ..	..	..	..	1	—
Compound glycerine of thymol ..	..	..	..	6	2
Cough linctus ..	..	..	..	1	—
Cough mixture ..	..	..	..	1	—
Cough syrup ..	..	..	..	2	—
Epsom salts ..	..	..	..	1	—
Eucalyptus oil ..	..	..	..	3	—
E.N.T. powder ..	..	..	..	1	—
Fruligar ..	..	..	..	1	—
Glycerine ..	..	..	..	1	—
Glycerine of borax ..	..	..	..	1	—
Glycerine, lemon and ipecac. ..	..	..	..	2	—
Ginger ..	..	..	..	1	—
Glucose ..	..	..	..	2	—
Grey powder ..	..	..	..	1	—
	Carried forward			47	3

<i>Nature of Sample</i>	<i>Brought forward</i>	<i>..</i>	<i>47</i>	<i>Number adulterated</i>
				<i>Total examined or otherwise irregular</i>
Halibut oil capsules .. .. .. ..	..	..	2	—
Influenza mixture .. .. .. ..	..	..	1	—
Juno Junipah tablets .. .. .. ..	..	..	1	—
Linseed, liquorice and chlorodyne tablets .. .. .. ..	..	..	1	—
Linseed, liquorice and chloroform tablets .. .. .. ..	..	..	1	—
Malt and cod liver oil .. .. .. ..	..	..	1	—
Nutmeg .. .. .. ..	..	..	1	—
Olive oil .. .. .. ..	..	..	5	—
Peppermint lozenges .. .. .. ..	..	..	1	—
Plenamins .. .. .. ..	..	..	1	—
Saccharin tablets .. .. .. ..	..	..	4	—
Sal volatile .. .. .. ..	..	..	1	—
Seidlitz powder .. .. .. ..	..	..	1	—
Sulphur tablets .. .. .. ..	..	..	2	—
Surgical spirit .. .. .. ..	..	..	2	—
Teething powder .. .. .. ..	..	..	1	—
Tincture of iodine .. .. .. ..	..	..	2	—
Tincture of ipecac. .. .. .. ..	..	..	1	—
Toothache tincture .. .. .. ..	..	..	1	—
Vitamin C tablets .. .. .. ..	..	..	1	—
Yeast tablets .. .. .. ..	..	..	1	—
Zinc and castor oil cream .. .. .. ..	..	..	2	—
 Total of drugs .. .. .. ..	..	..	81	3
 Total of food and milk .. .. .. ..	..	..	1,153	46
 Total .. .. .. ..	..	..	1,234	49

## 2. National Health Service Act, 1946.

### (I) HEALTH CENTRE

The Health Centre, Hester's Way, Cheltenham, was opened on 1st June and formally opened by the Minister of Health, the Rt. Hon. Iain Norman Macleod, on 8th July.

Since the war two new estates, one to house 2,000 people and the Hester's Way estate to house about 10,000 persons, including 4,000 made-up of the families of the transferred Foreign Office personnel, have developed or are being developed on the western side of the town.

In 1950 the Cheltenham Borough Council received representations from local medical practitioners for a site on which they might build surgeries and waiting rooms on the Hester's Way estate. As the application was made by one firm of local doctors and as the occupiers of houses on this and adjoining estates come from various parts of the borough, the Borough Council felt that it would be unwise to allow one firm to open surgeries and they therefore consulted the Cheltenham General Practitioners' Association. As a result it was considered that it was undesirable that any one doctor should be allowed to build surgery accommodation but it was preferable that such accommodation should be provided by the Local Health Authority as a nucleus of a Health Centre which would enable any doctor in the town who so desired to be accommodated. The Practitioners' Association welcomed such a scheme.

Cheltenham would be considered to have a sufficient number of doctors even with the new population. Therefore, the provision of a Health Centre for general practitioners meant that the Health Centre would not provide main accommodation for doctors who would have their main surgeries in the centre and older parts of the town. The County Council, after consultation with the Cheltenham Practitioners' Association, ascertained that there were some sixteen doctors out of a total of forty-one on the National Health Service List who wished to have surgeries on the estates, no dental practitioners wished to have accommodation, nor were pharmacists interested.

The Cheltenham Committee for Education did not desire any further clinic provision. The Regional Hospital Board were consulted and they did not require accommodation.

The County Council therefore adopted proposals to provide a Health Centre principally for the new estate of some 10,000 persons and to serve a total population, including neighbouring estates, of some 17,000.

The Health Centre has four suites occupied by twenty-three medical practitioners, who have formed themselves into four groups, each group occupying one suite, the suite consisting of waiting room, consulting room, examination room. The suites are grouped along an L-shaped corridor forming one end of a single-storied building, and they are in communication by telephone with an office which is situated at the entrance, where all patients' records are kept. Patients are all seen on an appointments system; the patients who attend without an appointment when their own doctor is present are fitted in and subsequent attendances made by appointment. The clerical staff consists of one whole-time clerk and two part-time clerks, thus covering a period of twelve hours each day from Monday to Friday and up to 1 p.m. on Saturdays, there being no surgeries on Saturday afternoons. The clerical staff provide such clerical assistance as the doctors may require, make the necessary appointments, operate the telephone switchboard and see that patients' clinical records are available to the general practitioner before the patient enters the consulting room. Two part-time nurses are employed to cover the period general practitioners are present and carry out such nursing procedures, dressings, injections, etc., as the doctors require. They either do this in the doctor's consulting room or examination room or in one of the rooms in the local authority part of the building. This consists of a large waiting room leading from the main entrance hall; next to it is the kitchen from which refreshments can be served. The kitchen is also connected by a hatchway to the staff room. There also opens into the waiting room a food store for the sale of welfare foods. Leading from the waiting room is a weighing room and a Health Visitors' room. From the Health Visitors' room, or by a passage direct from the waiting hall, access is reached to a doctor's consulting room and changing cubicles, which connect directly with a clinette and testing room. This local authority end of the building is mainly used for child welfare clinics, ante-natal clinics and a school minor ailment clinic. In connection with the ante-natal clinic, relaxation sessions are held. The doctors in attendance at the child welfare and ante-natal sessions are general practitioners attached to the Health Centre.

The Hester's Way Health Centre (the fifth to be opened in this country) is particularly adapted to a new housing estate on the edge of the town where all the doctors have their main surgeries in other parts of the town.

The two Health Visitors for the estate have their office in the Health Visitors' room and use it on welfare centre days to interview mothers. There are two district nurse/midwives living within one hundred yards of the centre who use the centre for seeing their ante-natal patients with the general practitioners. One of the rooms is used as a district room and for sterilizing equipment, etc. The Health Centre does, therefore, achieve some of the objects conceived by the setting up of the National Health Service.

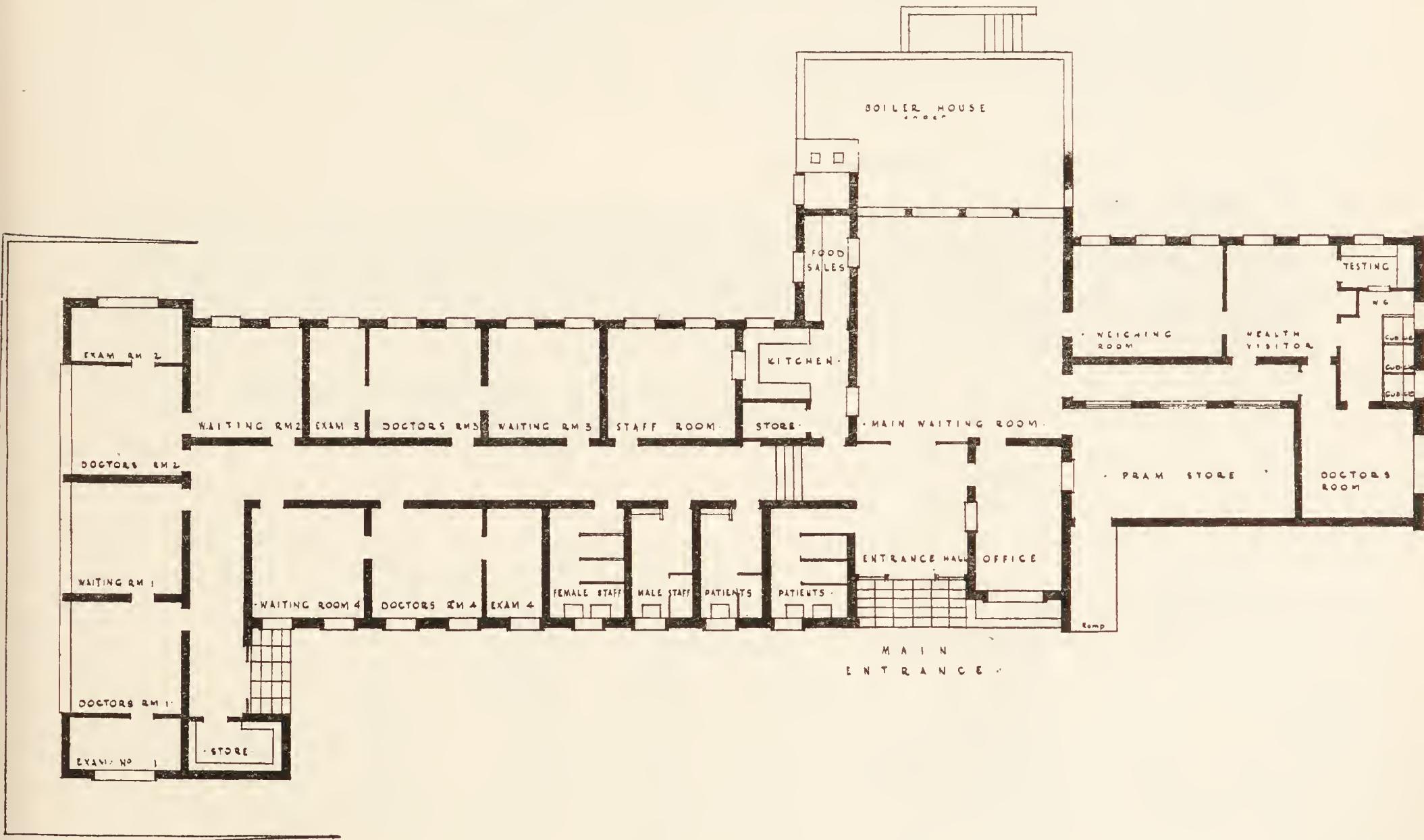
The plans were drawn up by the County Architect and approved by the Ministry of Health. The building is of permanent construction and was built at a cost of just under £22,000. The area of the site is about 0.6 of an acre, costing £2,280. The furnishing cost about £2,000. An agreement was entered into between the County Council and the Executive Council and between the Executive Council and the twenty-three doctors using the centre. A rent is charged to the Executive Council who are reimbursed by the general practitioners at the rate of £145 per annum per suite, plus £100 per annum per suite for clerical and nursing services provided by the County Council. The child welfare centre is run by a voluntary committee who are

also responsible for food sales, and, as part of their social activities, the preparation and sale of teas to mothers.

The centre continued to run with little or no alteration from the preconceived ideas which were agreed by the Centre Medical Committee which consists of the twenty-three doctors using the centre, the County Medical Officer of Health and the Divisional Medical Officer of Health. The attendances to the end of the year were as follows:—

1955	Consultations	Nursing		Child Welfare	Total
		Treatment	Attendances		
June ..	..	642	73	464	1,179
July ..	..	713	143	354	1,210
August ..	..	691	138	291	1,120
September ..	..	925	147	555	1,627
October ..	..	943	137	400	1,480
November ..	..	998	144	417	1,559
December ..	..	933	151	324	1,408
		—	—	—	—
		5,845	933	2,805	9,583

Ground Plan of Hester's Way Health Centre, Cheltenham



## (II) CARE OF MOTHERS

(a) *Expectant and Nursing Mothers*

Attention is constantly directed to the necessity for all expectant mothers to receive adequate ante-natal supervision. All domiciliary cases are visited at their homes by the midwives and in addition, arrangements are made for them to attend a clinic, which may be held in the district room of a midwife's house or at a local authority centre. With the opening of the Hester's Way Health Centre in Cheltenham and the provision of facilities at the clinic at Tewkesbury, there are now nine local authority buildings in which ante-natal clinics are held regularly. In two of these practitioners attend with the midwives, a practice which, it is hoped, will extent to other centres: at one a medical officer is present at regular sessions for the supervision of cases booked for hospital and in three other clinics medical officers attend monthly. Facilities are provided for the taking of blood specimens for any doctors who wish this service and group teaching on matters relating to pregnancy and the preparation for the infant is given by Health Visitors. In six clinics relaxation classes are given by physiotherapists. 1,555 ante-natal patients, of whom 572 were new cases, made 4,489 attendances during the year, and 135 post-natal cases were seen at the clinics.

(b) *Arrangements for Confinement*

Of the 7,091 births notified in 1955, 4,564 took place in institutions. This represents 64.4 per cent and is slightly less than the previous year (65 per cent). Hospital admission was requested on domestic grounds in some 2,533 cases and in 200 instances (7.9 per cent) hospital admission was not recommended. It is anticipated that as housing conditions improve the need for hospital beds for social reasons will be further reduced. The booking of beds in the Gloucester and Cheltenham clinical areas is done in the department and a considerable amount of clerical work is involved.

(c) *Care of the Mother and her Illegitimate Child*

There appears to be little reduction in the number of illegitimacy cases dealt with by the Bristol and Gloucester Diocesan Associations for Moral Welfare on behalf of the County Council. There were 199 cases in the Gloucester Diocese, of which 65 or almost one-third arose in Cheltenham, and 25 in the Bristol Diocese, a total of 224 against 230 in 1954. An analysis given by the organiser of the Gloucester Association gives the following details:—

	Remainder of Gloucester		
	Cheltenham	Diocese	
Single .. .. ..	58	111	
Married .. .. ..	7	23	
	—	—	
	65	134	
<i>Occupation</i>			
Factory worker .. .. ..	13	32	
Domestic .. .. ..	6	19	
Clerical .. .. ..	7	20	
Housewife .. .. ..	7	19	
Shop Assistant .. .. ..	9	9	
Other .. .. ..	14	22	
Not working .. .. ..	9	13	

			Cheltenham	Remainder of Gloucester Diocese
<i>Nationality of Putative Father</i>				
British	..	..	22	74
Irish	..	..	12	9
American	..	..	8	14
Other	..	..	5	14
Not known	..	..	18	23
<i>Ages of Mothers</i>				
15-18 years	..	..	9 = 13%	
19-20 years	..	..	17	33 = 24%
21-24 years	..	..	21 } = 58%	30 } = 49%
25-30 years	..	..	10	10
31-40 years	..	..	7	17
40-45 years	..	..	1	8
<i>Position of Babies born by end of Year</i>				
			54	99
			—	—
With mother	..	..	27 = 50%	63 = 63%
Placed for adoption	..	..	9	15
In nurseries or foster homes	..	..	11 = 20%	10 = 10%
Not known	..	..	5	7
Still-born or died	..	..	2	4

It will be noticed that in both parts of the Diocese over 80 per cent of the cases occur in girls under 24 but in Cheltenham the percentage of girls under 18 is considerably smaller. Possibly many girls go to work in Cheltenham away from their homes which may account for this, and also for the smaller proportion of babies who remain with their mothers.

#### *St. Catherine's Home, Cheltenham*

This Home has been fully occupied throughout the year; at times the "shelter" beds have been used for Local Authority cases and the nursery has been overcrowded for short periods. The increased number of admissions has resulted in a quicker turn-over so that the average stay was 26 days before confinement and 27 afterwards, as against 40 and 29 days respectively in 1954. Much credit is due to the Superintendent and staff for their work during such a busy year. Seventy-three girls were admitted to the Home, 65 under arrangements by the County Council and 8 on behalf of other authorities. Owing to the large number of cases in the County to be dealt with, 43 mothers were sent to other Mother and Baby Homes for care before and after the confinement and 3 cases were admitted after the confinement only.

### (III) CARE OF CHILDREN

#### (a) *Home Visiting*

Summary of home visits during the year:—

	Number of Children under 5 Visited	Children under 1 year		Children 1-2	Children 2-5	Total Visits
		First Visits	Total Visits			
By Whole-time Health Visitor	..	31,226	5,769	46,405	20,163	47,153
By District Nurse/ Health Visitors		6,377	1,099	12,064	5,311	9,745
						113,721
						27,120

The number of visits paid to children in their own homes represents a very large volume of work and occupies a considerable amount of the Health Visitors' time. Many of the families require a great deal of help and supervision but much advice can be given to those mothers who attend the Child Welfare Centres, which reduces the necessity for frequent home visiting in those cases. The value of the Health Visitor seems to be recognised by the majority of mothers but there are still a few homes where her calls are not desired.

(b) *Child Welfare Centres*

The Voluntary Committees of the Centres have continued and expanded their activities during the year. Over 1,000 ladies are engaged in this work and the Health Committee has expressed its appreciation of their support and of the value which such efforts gives to this branch of the local authority services. No new centres were opened during the year and it was with regret that the centre at Amberley, which was opened in 1917, had to be closed owing to the small number of children now available in the area. There are 109 Centres operated through Voluntary Committees and two directly under the control of the Council. A greater interest has been shown in health education and in addition to talks and film strips on general health matters given by Health Visitors, specialised lectures on the care of the feet have been available from experts in shoe fitting and chiropodists.

Social activities play an important part in the life of the Centres and Christmas parties and summer outings give opportunity for mothers and helpers to know each other better in different surroundings.

The medical aspect of the work is efficiently carried out, mainly by general practitioners who assist in this service. Greater attention is being devoted to the routine medical examination of the toddlers. Many Centres have set up special sessions for this group and the mothers are coming to realise the value of this follow-up. During the year, immunisation against whooping cough became available at Centres and the response has been satisfactory.

Summary of Records of Child Welfare Centres:—

		1955	1954
No. of welfare sessions held per month	..	295	289
No. of children who first attended under 1 year of age	.. .. .. ..	4,800	4,906
Total number of children who attended	..	15,792	15,200
Total number of attendances:			
Under 1 year	.. .. ..	49,343	51,764
Over 1 year but under 2 years	.. ..	19,460	20,575
Over 2 years but under 5 years	.. ..	27,404	29,798
		96,207	102,137

*Mothers' Clubs*

There has been a large increase in Mothers' Clubs during the year, there are now 9 in various parts of the County and one in conjunction with the Kingswood Day Nursery. The meetings are usually held one evening each month. The Clubs at Wotton-under-Edge and Berkeley were formed following meetings of the mothers to make articles for the Area Handicrafts Exhibition; others have been initiated by the Committees of Child Welfare Centres. The Area Health Sub-Committees in some instances have approved the rent of premises for the first three months. Ultimately the mothers form their own committee, arrange their programme and are responsible for obtaining the finances necessary for the Club. The activities are both social and educational and very varied programmes are arranged. These have included talks on accidents, travel, adolescence, marriage guidance, infectious diseases, work of the N.S.P.C.C., demonstrations on knitting and cookery and the showing of films. Visits are arranged between adjacent Clubs and social outings have also been held.

These Clubs are serving a most useful purpose and merit support and encouragement. The Health Visitors and Divisional Medical Officers concerned are giving a great deal of assistance which is seen to be well worth while in the interest which is stimulated.

*(c) Distribution of Welfare Food*

The help given by the volunteers whether in Child Welfare Centres, their own houses or business premises is very much appreciated and has ensured smooth working. The Committee is aware of the amount of time and energy expended by these volunteers.

Welfare Foods could be taken up at 111 Child Welfare Centres, 42 shops, 32 houses and 22 full- or part-time offices with paid assistance.

When the Minister of Health asked for the observations upon the decrease in the take-up of welfare foods, following the announcement of a national fall-off, a general survey of the situation was made. In the absence of actual local figures of distribution prior to the 28th June, 1954, a definite comparison could not be made but there did appear to have been some decrease in the sales of National Dried Milk in the early months of the year, but for the remainder of the year there was no further decrease. Distribution of cod liver oil and orange juice, allowing for seasonal demand and a proportionate increase in the use of vitamin tablets has increased.

The quantities of Welfare Foods distributed in the year were:—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamin A & D Tablets (Packets)
165,705	55,767	311,199	19,315

*(d) Day Nurseries*

The 4 day nurseries, Cheltenham (2), Kingswood and Stroud, have continued to function on the lines laid down by the Council. There are approved places for 49 children under 2 and 98 children between 2 and 5. These numbers vary with the ages of children requiring accommodation and at the end of the year 38 places were occupied by children under 2 and 109 over 2. The average daily attendance during the year was 35 in the younger group and 85 in the older group. Attendances are governed by the illness of the child or its family and outbreaks of infectious disease appreciably affect the daily figures. In one of the Cheltenham nurseries there was serious shortage of staff for a period, during which time no new children could be admitted. There has been great difficulty in obtaining wardens and a request was made jointly by the Education, Children and Health Committees to the Regional Council for Further Education for the South-West, with the result that a special course for wardens is to be held in 1956.

*Training of Nursery Students*

The training scheme for 50 students fulfils a useful purpose. As many of the training centres in the West of England have been discontinued, there is a wide field of applicants and it has been possible to select the most suitable candidates; preference is given to girls resident in the County. There was an unfortunate wastage in second-year students due to illness and other reasons. Nineteen students took the examination of the National Nursery Examination Board and 18 were successful in obtaining the certificate.

Several of our students are now in posts in the day and residential nurseries, others are in maternity units in the County and a few are taking general hospital training.

#### (IV) RECUPERATIVE HOLIDAY HOMES

There are many mothers who have not had any respite from their domestic cares for several years and who may be prevented from serious breakdown by a change and rest in a holiday home. Consideration is given to applications by doctors or Health Visitors and arrangements made for the mother, possibly accompanied by some of the younger children, to go to a home for two to three weeks. Here the mothers find congenial company, are enabled to have help with the care of their children and gain experience in home and child management. This service is appreciated and enables the mother to go back to her own home much refreshed.

Twenty-three mothers with 50 children were sent for holidays during the year and also 3 children for rest and recuperation following illness or debility.

#### (V) PROBLEM FAMILIES

There are a number of families in which problems of finance or illness cause temporary difficulties but in which the parents are essentially able to cope with their domestic concerns. Many such cases were brought to notice during the year and assistance was applied for to the Free Hospital and George Peter Fund. This was readily given and 18 families were supplied with clothing, bedding, furniture and payment towards debts. This help enabled them to overcome the immediate urgency and was much appreciated and in most cases well used and the family was able to manage thereafter without further aid. In the case of the recognised problem family such assistance is of little avail as the family is unable to use it to any advantage. All the forces of the statutory and voluntary bodies are concentrating on the care of such families. There is increasing co-operation between the workers in the field with the desire to prevent the break-up of these families and to offer such help as may be most beneficial and most acceptable in each case. Co-ordination in the more stubborn cases is undertaken through the Officers' Committee, where 16 new families and 23 already under supervision were considered during the year. Where unsatisfactory housing conditions were the root cause of the problems, results were achieved by rehousing with co-operation of local authorities and, in some cases, the provision of a home help to work with the mother and teach her the elements of home management resulted in some improvement, but this is short lived unless the help can be extended for a long period.

Work for the rehabilitation of problem families is expensive in time and money but is essential if the environment of the children is to be bettered and the vicious circle broken. It would appear that in some families this can never be achieved and there remains nothing but to remove the children. The prevention of this problem is a long-term measure primarily resting on the education of potential parents, but the Health Visitors and all social workers are alive to the necessity of recognising the signs of impending breakdown and of making early efforts to mitigate them.

#### (VI) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year one private building was registered as a nursery with 18 places and 7 persons were registered as Daily Minders providing places for 38 children. No applications had been received for care under the Daily Minders Scheme of the County Council.

#### (VII) INFANT DEATHS

The following table sets out the infant mortality rate for the past 5 years:—

	England & Wales			County
1951	..	..	..	26.5
1952	..	..	..	28.2
1953	..	..	..	23.1
1954	..	..	..	24.6
1955	..	..	..	24.1

There were 167 deaths of children under the age of 1 year, of which 124 took place in the first four weeks.

The causes of death in the 43 children who died between 4 weeks and 1 year are:—

Broncho-pneumonia .. .. ..	15
Broncho-pneumonia with other conditions .. .. ..	3
Bronchitis .. .. .. ..	5
Congenital heart disease .. .. ..	6
Meningitis .. .. .. ..	3
Gastro enteritis .. .. .. ..	3
Asphyxia .. .. .. ..	2
Congenital deformities .. .. ..	4
Other .. .. .. ..	2

There was a reduction in the number of deaths from broncho-pneumonia and bronchitis. Thirteen of the children were admitted to hospital and 10 died at home. In 7 of these cases death was sudden, there being no recognisable illness and the condition was ascertained only by post-mortem examination. There was also a great reduction in the number of cases of asphyxia, there being 2 deaths only from this cause as against 5 in 1954.

#### *Neo-natal Deaths*

The 124 deaths occurring in the first 28 days represents 74 per cent of the total infant deaths and gives a neo-natal death rate of 17.89. This is a high figure and compares unfavourably with the rates of 16.3 in 1954 and 13.7 in 1953.

The causes of death are as follows:—

Prematurity—where this condition is given as sole cause .. .. .. ..	41
associated with atelectasis .. .. .. ..	20
associated with other conditions .. .. .. ..	2
	— 63
Congenital defects .. .. .. .. ..	29
Blood conditions .. .. .. .. ..	10
Atelactasis .. .. .. .. ..	7
Cerebral haemorrhage .. .. .. .. ..	6
Congenital heart disease .. .. .. .. ..	5
Infections .. .. .. .. ..	4
	—
	124

This year's figures show a slight reduction in the number of deaths of premature infants in relation to the total neo-natal deaths, 50.8 per cent against 58 per cent the previous year, but there is a considerable increase in the deaths due to congenital defects and blood conditions in the infant. The precise cause of congenital deformities has not been determined and at present they are not able to be prevented but they cause considerable loss of infant life. The likelihood of some of the blood conditions being present may be ascertained beforehand by examination of the mother's blood and many infant lives have been saved by blood transfusion shortly after birth.

The hazards of the premature baby are well recognised by doctors and midwives and mothers liable to have a premature labour are admitted to hospital where all facilities are available. Where the infant is born at home and conditions are favourable there is a growing practice to keep the baby at home rather than send it to hospital. Special outfits for the care of the baby are available and the midwives notify such cases to the Health Department and receive appropriate advice. During the year notifications were received in

respect of 455 premature live births, 340 of these took place in hospitals, 112 at home and 3 in nursing homes. Of 99 born and nursed entirely at home only 6 died within the first month and of the 13 transferred to hospital 8 survived 28 days.

Despite some improvement in the survival rate of premature infants the total infant mortality rate 24.10 is disappointing. This rate varies considerably in different districts of the County, from 6 to 36. Where the number of births is low, even one death will appreciably affect the rate from year to year and is not to be regarded too seriously. In Cheltenham, however, the number of births has remained fairly constant for some years and while the infant death rate has been falling it has remained consistently above that for the County as a whole and above that of the country over the past 5 years, as is shown in the following tables:—

*Infant Mortality Rate*

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Cheltenham M.B. . .	43.50	43.60	32.76	30.27	41.63	33.70	34.14	30.64	29.15	30.22
Glos. County . . .	37.78	34.40	30.42	30.05	28.30	26.59	28.23	23.10	24.65	24.10
England & Wales . . .	43.00	41.00	34.00	32.00	29.80	29.60	27.60	26.80	25.50	24.90

*Neo-Natal Mortality Rate*

	1950	1951	1952	1953	1954	1955
Cheltenham M.B. . .	28.07	19.65	20.66	19.49	19.43	23.11
Glos. County . . .	18.19	17.53	20.37	13.71	16.30	17.89

During 1955 approximately one-sixth of the live births took place in Cheltenham (1,215 out of 6,930) and it will be seen that the infant death rate has risen again, especially the neo-natal rate. Of the 43 children who died between 1 month and 1 year, 9 (20 per cent) were domiciled in Cheltenham; 5 died of broncho pneumonia and 2 from gastro-enteritis; 7 of the deaths occurred after admission to hospital. Twenty-six children (also 20 per cent) of the 124 who died within one month were resident in Cheltenham, 16 (65 per cent) of them being premature births. Only 4 of the 35 children died in their own homes.

The persistently high rate gave rise to some concern and for the two-year period from June, 1952–June, 1954, a detailed inquiry was made into every case of infant death. One significant fact which emerged was the high incidence of illegitimacy in the Borough. The percentage of registered illegitimate births was 9.4 in 1952, 9.6 in 1954 and 7 in 1955, against County figures of 5, 4.8 and 4.5 in those years respectively. The illegitimate child has a higher death rate and this proportion was reflected in the infant deaths, 7.7 per cent of deaths in Cheltenham being of illegitimate babies in 1952 against 4.1 per cent in the County, and in 1954 18 per cent against 8.6 per cent. In 1955 there was only one illegitimate death, a percentage of 3 against 5.3 in the County. A higher percentage of illegitimate births seems to occur in some of the more salubrious towns and districts in the country, viz.:—

	1946	1953
Gloucestershire Urban District	8	5
Gloucestershire Rural District	7	5
Bournemouth	11	7
Chelsea	10	7
Folkestone	9	8
Hampstead	9	10
Margate	13	7
Norwich	9	7
Oxford	8	8
Scarborough	11	8
Torquay	11	8
Cheltenham	11	8

In holiday resorts where there may be seasonal occupations there may be some explanation for these high figures, but in the other instances it seems difficult to account for.

In the second place it appeared that the incidence of premature infant deaths in the Borough appeared unduly high. Of the 40 cases investigated 29 were due to prematurity. On calculation of the death rate per 1,000 it appeared that while the national figure was 155 and that of the county 85, the Cheltenham figure was about 184. No definite reason for this was ascertainable but further investigations are in progress.

A third factor was contained in evidence that a few mothers were slow to recognise the onset of serious illness in their children and were dilatory in enlisting medical and nursing aid.

These facts have been brought to the notice of consultants, practitioners, health visitors, midwives and moral welfare workers in the Borough and it is hoped that more intensive education and extended facilities, such as the introduction of a home nursing service for children, will result in a saving of infant life. Housing conditions and poor financial circumstances did not appear to play any large part in the problems.

#### *Still Births*

There were 7,088 registered births including 158 still births, representing a still birth rate of 22.8, a slight increase on the previous year; 135 of these occurred in institutions. The number of still births was about 95 per cent of the number of infant deaths occurring in the first year of life and the problems of both are intimately connected. It is still difficult to assign a cause for about half the still births, especially those in which the foetus is dead sometime before the delivery. The whole problem is receiving much attention. Twenty-two still births occurred in domiciliary practice and detailed information was available from 14 cases in which midwives had been concerned.

The details are as follows:—

#### *Infant dead before commencement of labour*

Illness of mother	..	..	..	2
Abnormality of infant	..	..	..	2
No cause	..	..	..	2

#### *Infant alive at commencement of labour*

Abnormal presentation	..	..	4
Abnormal placenta	..	..	2
Toxaemia	..	..	1
Blood incompatibility	..	..	1
			—
			14
			—

#### *Number of previous pregnancies*

Nil	1	2	3	5	7
3	4	4	1	1	1

#### *Age of mother*

Under 21	24-26	29	32-35	39
2	3	2	5	2

## (VIII) MIDWIFERY—HOME NURSING

The County Nursing Association has continued its satisfactory work during the year. There are 84 District Nursing Associations affiliated to the County Association and the members take an active interest in the service, both by attendance at area meetings and in the appointment of their local nurse and matters pertaining to her welfare and that of patients. There has been considerable change among the staff and difficulty has been experienced in filling vacancies. However, the position at the end of the year was reasonably satisfactory having regard to the general shortage of nurses. A good standard of practical work is maintained by the staff and there is increasing co-operation with other members in the Health Service.

Considerable progress has been made in the provision of houses for nurses; new houses were completed and occupied at Alveston, Bream, Corse, Drybrook, Eastcombe, Poulton, Thornbury and Yate and the existing house at Bourton-on-the-Water was purchased by the County Council. At the end of the year 34 houses and one hostel, either specially built or purchased, were available for District Nurses. In addition 49 houses and 2 Nurses' Homes were held under lease or tenancy agreements, and board-residence accommodation was provided in 3 cases; 43 nurses were living in accommodation which they had themselves provided.

At the end of the year there were 12 vacancies, 3 for combined posts, 3 for generalised work and 6 in the Homes.

*Nursing Staff**County Staff:—*

Queen's Nurses	..	..	..	..	87
State Registered Nurses (S.R.N.) and State Certified Midwives (S.C.M.)	..	..	..	..	24
State Certified Midwives (S.C.M.) and State Enrolled Assistant Nurses (S.E.A.N.)	..	..	..	..	18
State Registered Nurses	..	..	..	..	2 part-time

This number includes the County Superintendent, 2 Assistant Superintendents, 16 Area Relief Nurses, Emergency Nurses and temporary Emergency Nurses.

*Victoria Home, Cheltenham:—*

Queen's Nurses (including the Superintendent and Assistant Superintendent and 2 Male Nurses)	..	..	..	..	13
S.R.N., S.C.M.	..	..	..	..	2
S.R.N.	..	..	..	..	3
S.C.M.	..	..	..	..	1
S.E.A.N.	..	..	..	..	4

*Kingswood Home:—*

Queen's Nurses (including the Superintendent)	..	..	..	..	3
S.R.N., S.C.M.	..	..	..	..	1 part-time
S.R.N.	..	..	..	..	1 part-time
S.C.M.	..	..	..	..	2
S.E.A.N.	..	..	..	..	1
<b>Total Staff</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>158+4 part-time</b>

### *Training Courses*

Fifteen Nurses completed Queen's Training.

Two Nurses completed the Health Visitors' Course through the County Training Scheme.

### *Post Graduate Courses*

Post Graduate Courses were attended by 1 Superintendent and 27 District Nurse/Midwives.

Nineteen discussion groups have been held at various centres during the year.

### *Training Schemes*

Thirteen approved Midwives take pupils for district training under the Part II Midwifery Course and other District Nurse/Midwives have demonstrated their work in rural districts to student Health Visitors, Queen's Institute candidates and various visitors from abroad.

### *Summary of Work of Superintendent and Assistants*

Routine visits to Staff	..	..	..	374
Special visits of enquiry	..	..	..	21
Other visits ..	..	..	..	59
Visits to Honorary Secretaries ..	..	..	..	3
Meetings and interviews attended	..	..	..	69
Interviews in office ..	..	..	..	166

### *Record of Nurses' Work*

#### *New Cases*

Midwifery ..	..	..	..	..	2,071
Maternity ..	..	..	..	..	327
Early discharges from Hospital			..	..	583
Miscarriages (threatened 97, miscarriages 158)			..	..	255
General: Medical ..	..	..	..	..	10,238
Surgical ..	..	..	..	..	2,524
Infectious diseases ..	..	..	..	..	97
Maternal complications ..	..	..	..	..	5
Tuberculosis ..	..	..	..	..	135
Miscellaneous ..	..	..	..	..	4,154
 Total ..	..	..	..	..	20,389

#### *Visits*

Midwifery ..	..	..	..	..	41,690
Maternity ..	..	..	..	..	4,972
Ante-natal ..	..	..	..	..	29,131
Early discharges from Hospital			..	..	3,374
Miscarriages ..	..	..	..	..	1,653
Maternal complications ..	..	..	..	..	154
General: Medical ..	..	..	..	..	256,909
Surgical ..	..	..	..	..	48,639
Infectious diseases ..	..	..	..	..	803
Tuberculosis ..	..	..	..	..	5,397
Miscellaneous ..	..	..	..	..	14,169
Ineffective ..	..	..	..	..	3,640
 Total ..	..	..	..	..	410,531

*Clinic Sessions*

Ante-natal	..	..	..	..	1,388
Post-natal	..	..	..	..	82
Child Welfare	..	..	..	..	897

*Public Health*

Home Visits	..	..	..	..	30,755
Sessions	..	..	..	..	1,590
					—
Total Visits	..	..	..	..	441,286
Total Sessions	..	..	..	..	3,957
Night Calls	..	..	..	..	1,748

A considerable amount of the District Nurses' time is now given to the care of persons over the age of 65. Half the medical cases and more than half the visits to such cases come within this category. They are frequently heavy nursing cases and often a great deal is demanded by relatives. Considerable assistance is given to the nurse in these homes through the Home Help Service.

There is no special provision for the home nursing of sick children although it is hoped that a scheme may be started in Cheltenham when the district is fully staffed. 2,207 of the total 17,153 cases were children under 5 and the nurses give particular attention to the home nursing of cases of measles.

The number of visits for the purpose of giving injections is certainly increasing, 359 patients necessitating 63,084 visits required insulin and 5,758 patients with a total of 63,619 visits were given other types of injections. Some 1,929 late evening visits were paid, mainly for this purpose.

*Report of the Work of the Local Supervising Authority*

During the year 233 midwives notified their intention to practise as midwives and 10 as maternity nurses.

At the end of the year there were 214 midwives working in the area of the Authority, 133 employed by voluntary organisations, 73 by hospitals and 8 in private practice including nursing homes.

1. *Deliveries attended by Midwives in the Area*

		Domiciliary	Institutional	Total
Employed by D.N.A.s	..	2,398	—	2,398
Employed by Hospital Management Committees	..	—	3,367	3,367
In private practice	..	54	203	257
		2,452	3,570	6,022

In 2,351 of the domiciliary cases a doctor had arranged to provide maternity services but was present at the delivery in 354 cases (15 per cent) only. This situation allows the midwife full responsibility which at one time it was feared might be lost under the maternity medical services: 101 mothers made no arrangements with a doctor. The domiciliary midwives have attended 583 patients who were discharged from hospital before the fourteenth day, necessitating 3,374 visits.

2. *Medical Aid under Section 14 (1) of the Midwives Act, 1951*1. *Domiciliary*

(a) Where the medical practitioner had undertaken to provide maternity services	..	..	..	..	712
(b) Others	..	..	..	..	46
					— 758

2. *Institutional*

..	..	..	..	..	205
					—

963

3. *Inhalational Analgesics*

Number of midwives qualified to administer inhalational analgesics:

(a) In hospitals	..	..	..	..	69
(b) In private homes	..	..	..	..	4
					— 73
(c) In domiciliary practice					
(i) employed by voluntary associations			..	..	133
(ii) in private practice	..	..	..	..	1
					— 134

Number of sets of apparatus for use in domiciliary practice

(a) Gas and air	..	..	..	..	131
(b) Trilene	..	..	..	..	15

Number of cases in which inhalational analgesia was administered by  
midwives in domiciliary practice

			Gas & Air	Trilene	Total
(a) When doctor not present	..	..	..	1,561	40
(b) When doctor present	..	..	..	275	3
				—	—
			1,836	43	1,879

During the year the Central Midwives Board approved the administration of Trilene by midwives subject to certain conditions relating to proficiency in its use and to the types of apparatus to be provided. It was decided in the first instance to provide machines for those midwives who undertook the training of pupils and to those with a reasonable case-load. Fifteen sets were supplied and the midwives concerned have expressed their satisfaction in its results. The figure of 1,879 indicates that 76 per cent of their cases have the benefit of inhalational analgesia given by the midwives and also must be taken into account the additional number of patients who receive it from the doctor when he is present.

*Pethedine*

Domiciliary midwives obtain their supplies of pethedine on an order from the Health Department and there is strict control in its use and method of storage. The drug was administered to 1,215 patients, in 970 cases the doctor was not present at the delivery and in 245 he was present.

*Supervision of Midwives*

Four members of the medical staff are approved as medical supervisors of midwives and the County Nursing Superintendent and two Assistant Superintendents as non-medical supervisors. The issue of a new edition of the Rules of the Central Midwives Board during the year gave special opportunity for discussing midwifery practice and several group meetings of midwives were held for this purpose. The non-medical supervisors are responsible for the inspection of work and records of domiciliary midwives, while the medical supervisors visit hospitals and private maternity homes and discuss various matters with the staff in relation to methods and the implications of the Rules.

### *Maternal Deaths*

There were 3 deaths during the year associated with pregnancy or confinement. Two died in hospital after confinement. The cause of death in both cases was femoral thrombosis associated with other conditions. One was the result of a criminal abortion which took place outside the County and resulted in sudden death. In accordance with directions, full reports on each case are sent to the Regional Assessor. The number gives a maternal mortality rate of 0.42, that for England and Wales being 0.64. With the exception of last year the County has maintained its falling rate. In addition to modern methods of obstetric practice much of the credit is due to the continued vigilance of the midwives and to the educational work of health visitors.

### **(IX) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS**

#### *Report of the Principal Dental Officer*

The average strength of the staff during the year was 14.6 dental officers. At the end of the year the total equivalent was 15.4 (including one who left on 31st December). The total number of sessions in which all types of dental work were carried out (6,566) represented an increase of almost 30 per cent over 1954. The equivalent of approximately one session in 14 was devoted to the care of expectant and nursing mothers and young children (477 treatment sessions and 18 for administration of general anaesthetics by dental officers). The total proportion of time spent on this work was, therefore, slightly less than the one session in 11 recommended in Circular 11/55. In some areas, the demand for treatment was so high that almost 2 sessions in 11 were required. In the North Cotswolds, Tewkesbury, Dursley and Wotton-under-Edge areas, where fixed clinic accommodation was not available, expectant and nursing mothers had to be referred to general practitioners, and little could be done for the pre-school children. When these clinics are provided it appears probable that an average of at least 1/11 of all dental officers' time will be required for the "priority classes."

#### *Clinics*

The clinic at Chipping Sodbury was completed in January and though very small and with no recovery room, meets the need there pending a new building. Further delays prevented the completion of Lydney clinic. Tenders were received for the Dursley clinic, premises found at Tewkesbury, and plans approved for a dental surgery at Wotton-under-Edge. There is an urgent necessity for clinics at Moreton-in-Marsh and Northleach, and additional clinics in the Gloucester and Stroud areas are essential to relieve pressure on the existing clinics. When these clinics become available, it will be possible (provided the staff can be at least slightly increased) to provide "priority" dental services throughout the County.

#### *Dental Health Education*

Copies of the suggestions appended to Circular 11/55 were distributed to all dental officers and health visitors, and amplified by a talk to the latter. The oral hygienist paid 49 visits to Welfare Centres for talks to mothers, and there is no doubt of the value of this work. In addition, she gave instruction in oral hygiene to patients treated by scaling and polishing. Although statistical details for the County are not available, there is evidence that caries incidence, particularly in young children, continues to increase. The valuable figures collected in Staffordshire for many years, and the work of Professor Hallett in Newcastle, illustrate how great has been the increase since the war. The tragedy is that much of it could be prevented by attention to simple dietary habits coupled with intelligent oral hygiene. The further prophylactic measure available in the fluoridation of water supplies will help, when available, to reduce caries incidence to a level treatable by conservative means, avoiding the necessity for the many extractions now required (1.5 for every child under 5 treated). The failure of dental health education may be measured by the increase in caries incidence. Only a vigorous and prolonged campaign can overcome the public apathy to dental disease.

### *General Anaesthetics*

As recorded in my report last year, and in accordance with the recommendation in Circular 11/55, specialist or general practitioner anaesthetists are now employed as far as possible to relieve dental officers. The equivalent of approximately 24 sessions were spent by anaesthetists for mothers and young children. Health Visitors have assisted at these sessions since a second dental attendant was not available, and our thanks are due to them for the manner in which they have co-operated in duties outside their normal orbit.

### *Dental Laboratory*

The dental laboratory was opened in Cheltenham in February, and has proved an unqualified success. The standard of work and general efficiency has been praised by all the dental staff. At the outset a senior technician-in-charge and a technician (later up-graded to senior technician) were appointed, but the volume of work made it necessary to appoint another senior technician in October and make provision for a fourth in 1956. Consideration was also given to the employment of apprentices. Work was carried out for the Cheltenham, the Gloucester, Stroud and Forest, and the Standish Chest Hospital Management Committees. In July the Laboratory was visited by the Minister of Health and Dame Enid Russell-Smith after the opening of Hester's Way Health Centre. A keen interest was displayed in the work carried out, and in the costs of production of dentures and other appliances.

The following is a summary of the work carried out:—

TABLE I  
*School Children*

Orthodontic Appliances	Orthodontic Repairs	Partial Dentures	Repairs	Acrylic Jacket Crowns	Study Models
140	5	129	16	9	263

TABLE II  
*Expectant and Nursing Mothers*

Partial Dentures	Full Dentures	Repairs, etc.	Relines
134	118	6	3

TABLE III  
*Regional Hospital Board*

Partial Dentures	Full Dentures	Gunning Splints	Cap Splints	Acrylic Jacket Crowns	Study Models	Repairs etc.	Relines, etc.
35	98	7	4	1	9	38	8

### *Treatment of Expectant and Nursing Mothers*

At Cinderford, Filton and Patchway it was possible to hold dental sessions at the same time as ante-natal clinics, and midwives were encouraged to send all mothers for dental inspection as a routine. Elsewhere, requests for treatment were sent in by doctors, midwives and health visitors. Thirty per cent more mothers

were inspected and treated than in 1954. Details of treatment are given in the statistical tables below. Compared with 1954, there was only a slight increase in fillings, but extractions and dentures rose in proportion to the numbers treated. 1,701 attendances for treatment were recorded, and 195 attendances for the hygienist, who carried out 192 scalings and polishings and 143 polishings.

As mentioned earlier, it was impossible to provide treatment for mothers in certain areas, and 260 were referred to general practitioners for treatment on behalf of the County. Treatment was completed for 198 during the year. Treatment was thus provided for 629 mothers in all, an increase of 97 over the 1954 figure, and three times the number in 1951. Seventy per cent of these were treated in County clinics, compared with 60 per cent in 1954. The service is therefore expanding steadily, but less than one mother in ten was provided with treatment. No figures are available to show how many of the remainder made their own arrangements with general practitioners.

#### *Treatment of Children under Five*

There was a further increase in the numbers treated and made dentally fit (nearly 20 per cent more than in 1954) but barely  $\frac{1}{10}$  of the children in the 2-4 years age groups received dental inspection. Conservative treatment averaged 131 per 100 children treated, and extractions 152 per 100, reversing the trend of more fillings and less extractions which was noted in previous years. This, I believe to be due partly to an increase in incidence and speed of attack of caries, and partly to the impossibility of providing a comprehensive conservative service for temporary teeth. The Dentists Bill, which makes provision for an experiment in the employment of ancillary workers trained particularly for such work, offers a prospect that in due course this deficiency, so harmful to general and dental health, will be overcome. At present the service available throughout the country can do little more than touch the edge of conservation for the temporary dentition.

The statistical tables required by the Ministry are given below:—

TABLE IV  
*Numbers provided with Dental Care*

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	481	462	431	279
Children under 5 ..	1,035	923	870	787

TABLE V  
*Forms of Dental Treatment Provided*

	Scaling and Gum Treatment	Fillings	Silver Nitrate	Crowns or Inlays	Extractions	General Anaesthetics	Dentures		X-rays
							Full	Partial	
Expectant and Nursing Mothers ..	46	689	—	—	1,429	185	136	140	131
Children under 8 ..	7	547	221	—	1,322	543	—	—	4

#### (X) HEALTH VISITING

There has been a slight decrease in the number of full-time Health Visitors owing to unfilled posts, but the position regarding District Nurse/Health Visitors has improved and there are now 46, and all but 11 hold the Health Visitors' Certificate. This is still below the number required to maintain the service in view of the increasing population and the widening of the scope of duties of Health Visitors.

Two of the Health Visitors in Cheltenham now work from the Health Centre at Hester's Way.

Discussion groups have proved most useful in promoting a free flow of ideas between Health Visitors on such important matters as Circular 27/54 on the Break-up of Family Life. Conferences of the whole staff are too large for good discussion and will be reduced in number. Meetings at Divisional level have been arranged.

The in-service training of Health Visitors has been maintained by conferences on such matters as the increase in dental caries among children, by special courses, i.e., on Mental Health and the usual post-graduate courses in the County and by a number of Health Visitors attending National Conferences.

In Child Welfare Centres, although conditions are more difficult and the introduction of new activities a slow process, short demonstrations and discussions are on the increase, some centres reserving one afternoon each month for the purpose.

Health Visitors are also being invited to talk to Parent/Teacher Associations, Youth Welfare Groups and similar bodies on different aspects of their work. A number are also acting as instructors in Home Nursing for Civil Defence.

Health Education in schools given by Health Visitors is not increasing with great rapidity but help is often given to teachers by way of material to cover this subject.

*Total visits paid during the year—Health Visitors .. ..	134,010
District Nurse/Health Visitors .. ..	30,948
*Total clinics attended—Health Visitors .. .. ..	5,594
District Nurse/Health Visitors .. ..	859

\*Excluding School Medical Inspections.

#### *Health Visitors' Training Course*

The sixth course of training terminated on 8th June, 1955, and the seven students accepted for training under the Council's training scheme successfully passed the examination of the Royal Society for the Promotion of Health. Six of the students were appointed as full-time Health Visitors in the County and one returned to her previous district to carry out combined duties of health visiting, district nursing and midwifery.

The seventh course is now being held and seven students have been selected to take the course, which commenced on 6th September. One student has been sponsored by the Northamptonshire County Council and six were accepted under the County Training Scheme. This is the second year when all the places for training have not been filled; the appointing Committee have, however, not lowered the standard for admission.

The Training Centre was visited in November by officers of the Ministry of Health, who are responsible for regular inspection of Training Centres. During their four days' visit they discussed the general organisation of the course and inspected theoretical and practical training. They were satisfied with the changes which had been made to keep pace with development in the services.

#### *Annual Refresher Course*

The thirty-third Refresher Course for midwives, health visitors and nurses in all branches of nursing was held in May. The high standard of lectures was maintained and the attendances exceeded previous years. A day's visit was made to Standish Chest Hospital when the question of tuberculosis from all aspects was discussed and an opportunity was afforded of viewing the Hospital. The main meetings were held at the Guildhall through the generosity of the City Council.

## (XI) VACCINATION AND DIPHTHERIA IMMUNISATION

(a) *Vaccination against Smallpox*

The following table shows details of the successful vaccinations for which records were submitted.

Vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Primary .. ..	1,956	271	127	132	251	2,737
Re-Vaccination .. ..	2	4	26	118	573	723

These show an increase of 179 in the primary vaccinations and a decrease of 151 in the re-vaccinations compared with 1954.

(b) *Whooping Cough Vaccination*

The scheme for vaccination against whooping cough was commenced on 3rd June, 1955. In view of the dangers in early life, it is necessary to vaccinate against whooping cough before the age of 6 months, if possible. Immunisation against diphtheria is then done soon after 6 months. A suspended whooping cough vaccine is supplied.

The following table shows details of children for whom records of whooping cough vaccination were submitted. The numbers of children who had received the combined vaccine from general practitioners during 1955 are shown and these statistics are also included in the figures for diphtheria immunisation in sub-paragraph (d) below.

Age at 31.12.55 i.e., Born in Year	Under 1 1955	1 year 1954	2-4 1953-51	5-14 1950-41	Under 15 Total
Whooping Cough Vaccination (3rd June to 31st December only) .. ..	228	142	101	22	493
Combined Diphtheria/Whooping Cough Prophylaxis (obtained by and given by General Practitioners .. ..	704	717	122	46	1,589

(c) *B.C.G. Vaccination*

The following table gives some details concerning the scheme for B.C.G. vaccination of 13-year-old schoolchildren since its commencement in October, 1954.

	1954			1955			Grand Total
	County	Chelten- ham	Whole County	County	Chelten- ham	Whole County	
No. of schools concerned ..	5	9	14	43	9	52	66
Invited ..	310	291	601	3,085	1,265	4,350	4,951
Accepted ..	191	119	310	1,894	591	2,485	2,795
Tuberculin tested	150	115	265	1,655	565	2,220	2,485
Positive ..	39	24	63	382	111	493	556
Negative ..	111	91	202	1,273	454	1,727	1,929
Percentage positive	26%	20.8%	23.7%	23%	19.6%	22.2%	22.3%
Not vaccinated	3	2	5	10	2	12	17
Vaccinated ..	108	88	196	1,263	452	1,715	1,911

The record cards are classified by the Oxford Regional Hospital Board's Record Department. The following summary relates to the 1,727 children whose school surveys had been completed before the end of 1955. It will be seen from the table given above that the records of 758 children are not included in the following statistics. These pupils are due for conversion tests in the spring term of 1956.

				No. of children
(i)	Tuberculin tested	..	..	1,727
(ii)	Positive	..	..	425
(iii)	Negative	..	..	1,302
(iv)	Vaccinated	..	..	1,300
(v)	Tested for conversion	..	..	1,177
(vi)	Converted	..	..	1,084
(vii)	Not converted	..	..	93
(viii)	Percentage converted	..	..	91.9%

(d) *Diphtheria Immunisation*

The following table gives the number of children at the end of the year who had completed a course of immunisation.

Age at 31.12.55 i.e. Born in Year	Under 1 1955	1-4 1954-51	5-9 1950-46	10-14 1945-41	Under 15 Total
Last complete course of injections (whether primary or booster) A. 1951-55 ..	452	17,516	17,296	10,493	45,757
B. 1950 or earlier ..	—	—	11,134	13,714	24,848
C. Estimated mid-year child population .. ..	6,810	27,490	73,100		107,400
Immunity Index (100A/C) ..	6.6	63.7	38.0		42.6
No. of children who received complete course during the year .. .. ..	1,501	3,175	842		5,518
No. of reinforcing injections	—	116	8,623		8,739

The immunity index for children under one year is 6.6 compared with 5.4 in the previous year. As the aim is an index of 25 for these children, this shows how much more there is to be done. Immunisation cannot be neglected yet. An intensive effort has again been made during the course of the school medical inspections, and the total number of reinforcing injections done during the year was 8,739 as compared with 8,236 during the previous year, and 6,512 in 1953.

## (XII) AMBULANCE SERVICE

The total number of patients carried by ambulance, sitting case or hospital car, again increased. This is due to the increased attendance at Occupation Centres and in particular hospital physiotherapy out-patients.

In the following table, the patient figures for 1952 to 1955, are on the basis whereby a round trip to and from hospital involves one journey but two patients. Comparative figures for the preceding years are shown in brackets to the nearest thousand in the patient total column.

Year	Patients				Mileage			
	Amb.	S.C.C.	H.C.S.	Total	Amb.	S.C.C.	H.C.S.	Total
1949 ..	22,958	5,397	35,696	64,051 (99)	373,071	68,575	875,970	1,317,616
1950 ..	19,321	11,444	36,997	67,762 (105)	348,330	81,119	780,465	1,209,914
1951 ..	23,600	22,240	29,086	74,926 (105)	367,075	188,842	606,327	1,162,244
1952 ..	30,628	36,260	42,772	109,660	388,617	288,148	434,414	1,111,179
1953 ..	43,230	50,821	37,080	131,131	444,987	311,880	373,560	1,130,427
1954 ..	49,657	58,922	28,860	137,439	476,885	340,187	297,822	1,114,894
1955 ..	60,535	61,819	30,472	152,826	572,879	343,151	315,162	1,231,192

The number of ambulances remains the same as in 1948. That the mileage has not increased in the same ratio as the number of patients is due to better co-ordination of journeys and the use of radio.

Types of cases dealt with during 1953-54-55 are given below:—

	1953	1954	1955
Admissions			
(Non-emergency) ..	8%	6%	3%
Discharges and Transfers	4%	8%	4%
Outpatients (Clinics) ..	69%	66%	71%
Mental Health ..	13%	14%	15%
For other Authorities ..	1%	2%	2%
Emergencies ..	5%	4%	5%

132 long distance cases were carried by train, which is less than in 1954.

Sterling work has been done by the Hospital Car Service, often under difficult conditions, and a debt of gratitude is due to the drivers.

#### *Vehicles*

During 1955, four new dual-purpose ambulance vehicles, capable of carrying four stretcher cases or eight forward-facing sitting cases, were taken into service as replacements. Four bus-type 17-seater vehicles were put into operation, their work being divided between Mental Health and Out-patient transport.

The cost per mile has again decreased from 25.7d. per mile to 24.6d. This figure in 1949-50 was 40.9d.

### *Stations*

During 1955 the Control Station for the southern area was transferred from Patchway to Soundwell, part of the County Council Treatment Centre premises being adapted for this purpose. The area to the east of Bristol is now covered by the County Service and a saving in cost will result.

Negotiations are in progress for Ambulance Service Workshops to be transferred to premises formerly used as an Isolation Hospital at Elmstone Hardwicke, which will improve the present unsatisfactory working conditions in Cheltenham.

### *Personnel*

Seventy-six driver/attendants were employed at the end of 1955, as against 74 in 1954. This includes the staffing of the additional station at Soundwell.

### *Ministry of Health Survey*

Officers of the Ministry of Health reported during 1955 on their inspection carried out at the end of 1954, and expressed themselves as very satisfied with the standard of the service.

### *Civil Defence*

Of 284 volunteers to the Ambulance and Casualty Collecting Section of the Civil Defence Corps, 135 have completed Section Training, 14 volunteers are under training and 8 instructors for the new combined Section are being trained. Fifty-five persons have been tested and passed as competent drivers and 8 are under driving training.

Four ambulances were transferred for training purposes to the Ambulance Section of the Civil Defence Corps.

## (XIII) PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### 1 *Tuberculosis*

The arrangements for the prevention, care and after-care of tuberculosis now include B.C.G. vaccination of school children who are in their thirteenth year.

The number of persons who received B.C.G. vaccination during the year was 1,861, reaching a total of 2,864 since the commencement of the scheme.

At the 31st December, 310 persons were receiving free supplies of milk at the rate of two pints per day and 15 were receiving one pint daily.

Summary of formal notifications during the year:—

Age Periods	Number of Primary Notifications of New Cases of Tuberculosis													Total (all ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Respiratory, Males ..	1	—	2	1	5	21	16	31	40	26	30	11	—	184
Respiratory, Females ..	—	—	2	3	4	16	24	29	30	14	7	7	—	136
Non-Respiratory, Males ..	—	—	2	4	7	4	1	8	1	4	—	—	—	31
Non-Respiratory, Females ..	—	—	—	7	5	6	4	6	5	—	2	—	—	35

New cases coming to knowledge during the year otherwise than by formal notification were 3 males and 3 females with respiratory tuberculosis and two males with non-respiratory, through death returns from local registrars; 1 male respiratory from the Registrar General and 1 female respiratory by posthumous notification.

Persons removed from Register during the year:—

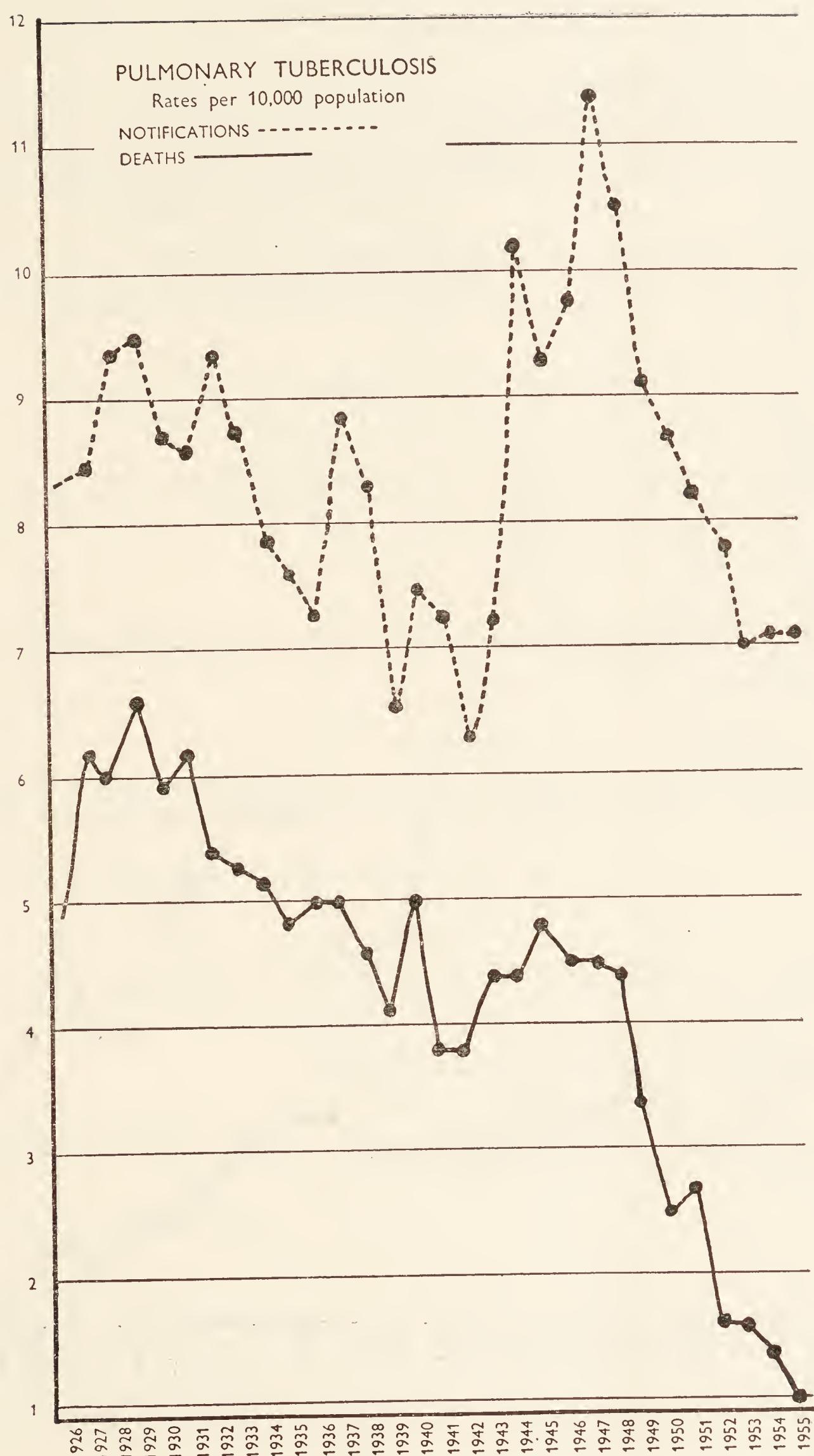
Reason		Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification	..	5	1	6
(b) Recovery	..	110	44	154
(c) Death	..	49	4	53
(d) Left County or no trace	..	88	13	93

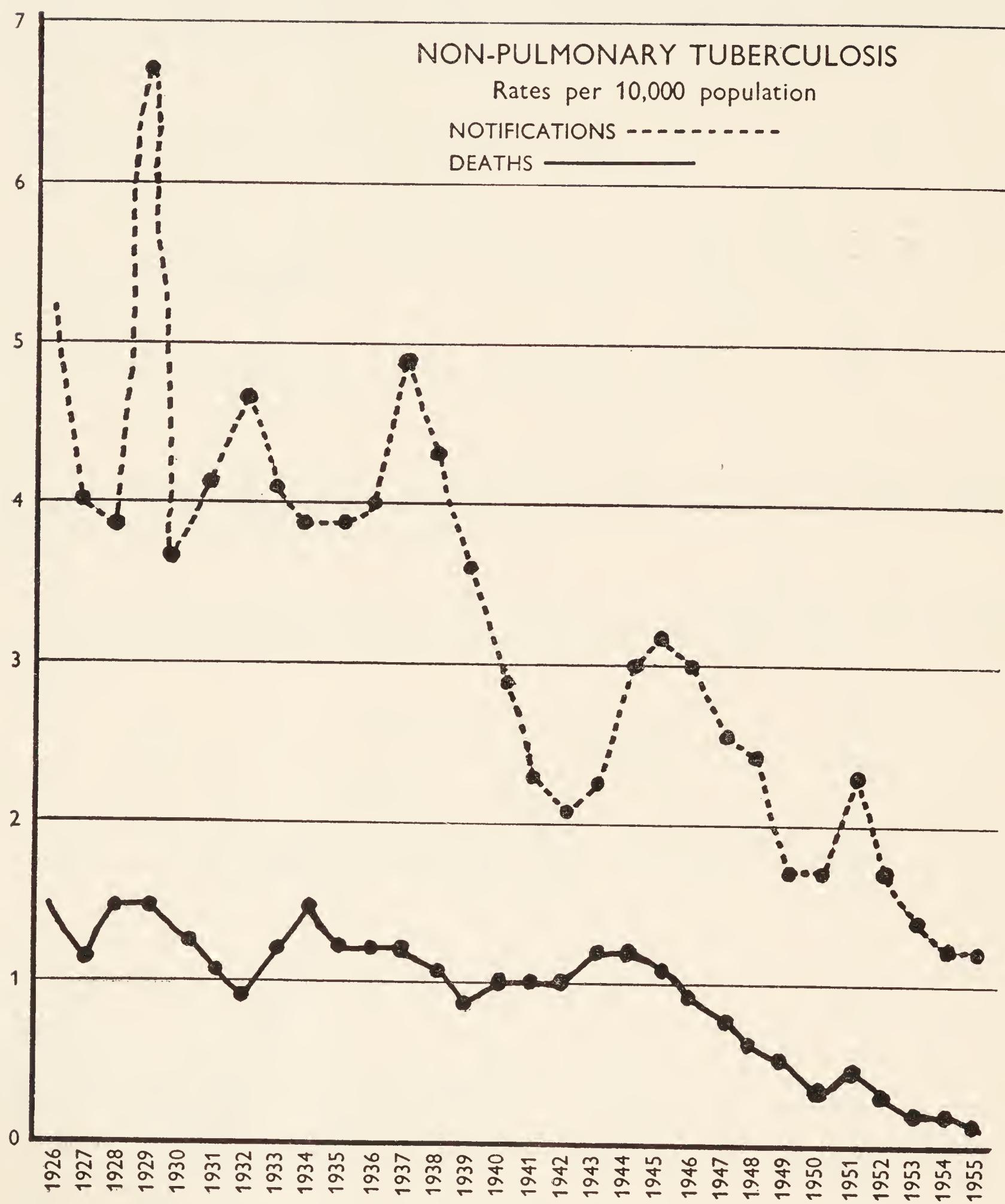
At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 3,886 (3,207 pulmonary, 679 non-pulmonary) as compared with 3,926 (3,167 pulmonary, 759 non-pulmonary) at the 1st January.

There were 13 more new cases in 1955 than in 1954 but there was a reduction in the number of deaths from 76 to 49 as will be seen in the following tables which show the mortality figures for the years 1950 to 1955:—

#### DEATHS FROM TUBERCULOSIS

Age Period	1950		1951		1952		1953		1954		1955	
	Pul.	Non-Pul.										
Under 1 year ..	—	—	—	1	—	—	—	—	—	2	—	—
1-4 years ..	—	5	—	6	2	3	1	1	1	—	—	—
5-15 years ..	—	3	—	2	—	3	1	1	—	—	1	1
15-45 years ..	56	3	44	6	26	2	23	2	24	5	18	3
45-65 years ..	40	1	52	6	35	6	37	4	27	1	18	—
65 years and over	14	2	2	2	11	—	10	1	14	2	8	—
	110	14	98	23	74	14	72	9	66	10	45	4
Totals ..	124		121		88		81		76		49	





REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P., SENIOR CHEST PHYSICIAN  
NORTH GLOUCESTERSHIRE CLINICAL AREA

The following cases of tuberculosis in North Gloucestershire County patients were diagnosed in 1955 through the Chest Clinic Service.

Taking the problem of phthisis as the main tuberculosis problem, the comparable figures for the last seven years for the Clinical Area as a whole are as follows:—

TABLE I  
*Number of New Cases of Phthisis and Severity at Time of Diagnosis*

Year		1949	1950	1951	1952	1953	1954	1955
Total Number	.. ..	258	254	263	239	244	229	184
Minimal Cases	.. ..	31%	30%	20%	20%	18%	20%	20%
Moderately Advanced Cases	.. ..	50%	52%	69%	68%	67%	66%	71%
Advanced Cases	.. ..	19%	18%	11%	12%	15%	14%	9%

The essential features of the above figures are the real decline in total number of patients, and the progressive decline in the proportion of advanced cases.

The sources by which these cases came to us remain constant:—

TABLE II  
*Source of Reference of Cases Analysed in Table I*

	1949—1950 (512 Cases)	1951—1952 (502 Cases)	1953—1954 (473 Cases)	1955 (184 Cases)
Cases referred from General Practitioners .. ..	54%	43%	41%	43%
Cases discovered by Mass Radiography .. ..	15%	30%	27%	29%
Cases discovered by Contact Organisation .. ..	9%	7%	7%	8%
Cases referred from other sources (Hospital, Forces, In-transfer, etc.) .. ..	22%	20%	25%	20%

Mass Radiography discovers about 30% of our new cases. It is a matter of concern that 83% of cases picked up by Mass Radiography are in the moderately advanced state, though it is obviously doing an immense service in detecting cases of tuberculosis in the community and enabling us to treat them, educate them and handle their contacts. The proverb about the horse and the stable door is relevant.

In the last seven years there have been three phases in the treatment of tuberculosis. The era from 1949 onwards when chemotherapy—used on a widespread scale, usually for a relatively short period on a patient—showed dramatically satisfactory results, but was followed too frequently by relapse. Consequently, in the succeeding period chemotherapy came to be regarded as the means to subdue widespread and acute lesions as a necessary prelude to “collapse” or surgical treatment. The present era is that of prolonged chemotherapy and a rather decreased tendency to resort to surgery. The decision on the correct line of treatment for the individual patient is often exceedingly difficult—the factors of minimising the period of invalidism, avoidance of relapse and conserving good lung function needing careful assessment and a good deal of mutual consultation between the medical team.

Two lines of investigation at the present time are of especial interest. The current M.R.C. trials on the results of the very prolonged treatment of chronic phthisis; and investigations into the value of cortisone and A.C.T.H. (work pioneered in this country by Lionel Houghton) in the treatment of the more acute forms of phthisis, and in tuberculous meningitis.

Less fear is entertained than formerly on the risks of drug-resistance. It has been frequently shown that, as the result of chemotherapy tubercle bacilli may be so attenuated that though present in the sputum or in operation specimens they have lost vitality to the extent of being non-virulent or incapable of growth on a culture medium. This is very far from supporting the suggestion in some quarters that all resistant bacilli are therefore non-virulent. Patients frequently die of progressive pulmonary disease whose bacilli have long since become resistant to the usual drugs; their terminal illness can be in consequence of great danger to their families or attendants. Whether the present tendency to very prolonged treatment is going to reduce the number of older male chronics who disseminate tuberculosis, or render them more dangerous to the community as being disseminators of drug-resistant bacilli, is a yet unsolved problem. From the routine laboratory tests on all new patients admitted to a Sanatorium we have little evidence in this area that they have been infected with drug-resistant bacilli. In other areas a small percentage of such patients is found.

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In June a conference of interested parties was called by the Health Committee to discuss the industrial problems of tuberculosis, including aspects of mass radiology, rehabilitation, the risks of the “chronic” case in the factory and our present failures in the control of tuberculosis. This Conference seemed well worth while. Discussion took place on the fear of the economic consequences delaying the diagnosis of tuberculosis.

Through the interest of their medical adviser, who was present at the conference, one of the major companies expressed their willingness to tackle this difficulty by offering their employees a year's wages while undergoing treatment, conditional on regular mass radiological examination, should tuberculosis be discovered subsequent to an original normal x-ray; the scheme to be entirely optional on the part of present and future employees. The incentive thus in view to secure the co-operation of the employees,

permission was sought, with the backing of the County Medical Officer of Health, from the Regional Hospital Board and the Ministry of Health to increase the frequency of attendance of the M.M.R. unit from the customary eighteen months' interval to an annual survey: with the expectation that, after an annual clean-up for the first two or three years, such regular examinations could be slowed down to once every two or even three years, new employees opting into the scheme being examined at the ordinary periodic public sessions at a Hospital. It is a great disappointment to record that this was not accepted. Local opposition expressed the view that it was unfair to offer to one factory a more frequent service than to others, and refusal at a higher level was based on the present policy to extend rather than decrease intervals of factory examination because of the declining yield of cases.

I am not happy about this particular decision. It is fair to say that many are concerned about the present policy of Mass Radiography. Though it yields many new cases the great majority are moderately advanced and already infectious. Only 50 per cent to 60 per cent of factory employees at present volunteer, and the present use of this most valuable technique might not unfairly be compared to desultory and superficial sweeping of the net over the same and too many ponds. Considered as a public health weapon, a yield of nearly 100 per cent volunteers is required to eradicate tuberculosis (the 50 per cent who do not volunteer matter most). Big community surveys such as the one at Salford are costly, and agreed to be disappointing. The only other major groups to go for are the factories, and the generous offer of this particular firm put into effect would point the way for the eradication of tuberculosis by "conditional bribery," a technique likely to be far more successful and acceptable than compulsory radiology.

It is only to be expected that with the increased general welfare, the introduction of B.C.G. vaccination and the tremendous acceleration in the means of diagnosis and treatment of tuberculosis there should be a decreasing morbidity. But a chronic hidden disease is not going to be extinguished for many years to come, and every experimental avenue of speeding its decline is worth exploring.

There is general agreement that it is essential to offer to family doctors unlimited facilities for chest radiography. There is no difficulty at present for any doctor in this Clinical Area to get any particular patient x-rayed quickly, but it is desirable to increase the facilities available and encourage them to send larger numbers. For this purpose the use of a miniature-film unit as part of the routine work of a radiological department is agreed to be the most efficient and economical means. It is disappointing to record that though such units have been installed for nearly two years at both Cheltenham and Gloucester, no use has been made of them because of the current and increasing shortage of radiographers.

#### *Contact Examination*

##### *Clinical Area Contact Attendances in 1955*

Mantoux and B.C.G.	..	..	2,294
Mass Radiography	..	..	2,398
Large Films	..	..	960
Seen at Chest Clinics	..	..	293
 Total	..	..	5,945

#### *B.C.G. Vaccination*

186 County children were B.C.G. vaccinated under the Contact Scheme during 1955.

*Contact Examinations arising out of County cases notified in 1955*

*Adults*

	Under 45		Over 45	
	Called	Response	Called	Response
Urban Contacts ..	114	99 (87%)	57	40 (70%)
Rural Contacts ..	178	131 (74%)	106	73 (69%)

Overall percentage of attendance: 75 per cent.

Number of adults notified as a result of these examinations: 4, of which 2 were source cases.

*Children*

Of 172 children called up, 21 did not attend at all, 9 were unhealthy and kept under Clinic observation, 5 had positive Mantoux tests but did not attend for further examination, and the remaining 137 were healthy.

*Analysis of 137 Healthy Child Contacts*

Age 0-4 Tub. +ve. Ref. to G.P. and H.V. for observation	..	..	2
Age 5-12 Tub. +ve. Ref. to G.P. and H.V. for observation	..	..	17
Age 13-16 Tub. +ve. For follow-up by Mass Radiography	..	..	15
Tub. negative, at no further risk, serial Mantoux for 1 year or discharged			28
Tub. negative, refused B.C.G., kept under observation	..	..	1
Tub. negative, defaulted during B.C.G.	..	..	12
Tub. negative, successfully B.C.G. vaccinated	..	..	51
Tub. negative B.C.G. postponed, still to be vaccinated	..	..	11
			137

*Analysis of 9 Unhealthy Child Contacts*

One had calcifying hilar glands on first examination and was kept under Clinic observation. Eight were admitted to Sanatorium; of these one had pleurisy, one had suspected hilar adenitis, one was subsequently notified "Pleura," and the other five were observation cases whose mothers were also in a Sanatorium.

*Miliary and Meningeal Cases notified during 1955*

(These cases were not handled at the Chest Clinic, but Contact action was taken following notification).

Girl aged 1 $\frac{3}{4}$	..	Mother a non-infectious case since 1951. Father rechecked in 1955 and found to have phthisis.
Girl, aged 6 ..	..	Eight adults in family. All examined and found to be normal.
Girl, aged 10 ..	..	Family checked and found to be normal. One other close contact failed to attend.
Man, aged 21 ..	..	Wife found to have phthisis.
Man, aged 25 ..	..	Six adults in family. All examined and found to be normal.
Woman, aged 32 ..	..	Four adults in family. All normal.
Man, aged 54 ..	..	Victim of a known tuberculous family.

*Posthumous Notifications*

A number of patients are not notified during life. All posthumous notifications automatically come to our attention, when enquiries are made into the circumstances and appropriate contact action taken.

During the year, in that part of the County for which we are clinically responsible, nine such cases came to our notice.

*Chest Clinic Register of Notified Cases*

Sanitary District	Infectious	Quiescent, but Potentially Infectious	Non-infectious	Insufficient Information	Total
Charlton Kings U.D.	6	10	18	—	34
Cheltenham M.B. . .	108	116	220	4	448
Cheltenham R.D. . .	34	36	85	2	157
Cirencester U.D. . .	15	21	52	—	88
Cirencester R.D. . .	17	25	44	—	90
Dursley R.D. . .	26	29	93	1	149
East Dean R.D. . .	49	30	77	1	157
Gloucester R.D. . .	53	85	164	5	307
Lydney R.D. . .	23	34	34	3	94
Nailsworth U.D. . .	4	2	16	—	22
Newent R.D. . .	10	3	19	—	31
N. Cotswolds R.D.	26	22	53	5	106
Northleach R.D. . .	6	1	18	—	24
Stroud U.D. . .	35	35	81	—	151
Stroud R.D. . .	39	36	77	3	155
Tetbury R.D. . .	11	4	10	—	25
Tewkesbury M.B. . .	12	12	21	—	45
West Dean R.D. . .	41	48	88	4	181

I would like to express my appreciation of the very pleasant working relationships with the County Health Visitors. Their background knowledge of the families is invaluable, both with regard to our tuberculous and non-tuberculous patients.

**REPORT OF R. A. CRAIG, ESQ., M.D., M.R.C.P., CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA**

Patients suffering from tuberculosis and other disorders of the chest who reside in the southern parts of Gloucestershire may attend Bristol Chest Clinic, Southmead Chest Clinic or Frenchay Hospital, whichever is the most convenient. Patients are referred to the Chest Clinics by their own doctors, by Mass X-ray Units, and by the School Health and the Maternity and Child Welfare Services. Others attend for examination in connection with National Service and employment.

Improvements to Bristol Chest Clinic were completed at the beginning of 1955, and during the year a new chest clinic was built at Southmead Hospital to replace temporary premises. At both Chest Clinics the new arrangements have materially added to the comfort of patients and reduced the waiting time for examination. A new appointment system was introduced at Bristol Chest Clinic in 1955, which reduces to a minimum the risk of loss of contact with tuberculous patients, and it is intended to start this system at Southmead Chest Clinic in 1956.

The essential medical, nursing, ancillary and clerical services are supplied by the South Western Regional Hospital Board, Ham Green, Southmead and Frenchay Hospital Management Committees and by Bristol Health Department. Close liaison is maintained with Gloucestershire Health Department, and a Gloucestershire Health Visitor works at Bristol Chest Clinic with this end in view. Where necessary, patients are seen by the welfare officers and almoners at the Chest Clinics and Hospitals, who keep in touch with the Health Visitors who have actual knowledge of the patients' homes. Conferences are held monthly which may be attended by all Health Visitors. At these meetings all new cases of tuberculosis and patients discharged from hospital are discussed. Particular attention is paid to attempting to trace the source of infection, checking that contacts have been examined, and B.C.G. vaccination carried out, and that housing conditions are satisfactory. The opportunity is also taken to provide the Health Visitors with a clinical assessment of the patient.

#### *Diagnosis*

Ample facilities exist for patients to be x-rayed at the request of their own doctors, either at the static unit of the Mass X-ray Unit, or at Southmead Hospital, provided patients are prepared to make the journey, which in some cases is lengthy. Sputum examinations for general practitioners are undertaken by the Bacteriology Department of the Preventive Medicine Department at Bristol. The Mass X-ray Units operate public sessions, and carry out surveys of industry and special groups.

Improved diagnostic facilities coupled with an increased awareness on the part of the general public of the need to report to their doctor symptoms of chest disease have resulted in earlier diagnosis, and extensive cases of pulmonary tuberculosis are now much less common.

#### *Treatment*

During the year there has been little or no delay in the admission of all cases of tuberculosis, and it has been possible to close hospital beds for the treatment of pulmonary tuberculosis. Patients requiring surgical operations have usually received this treatment within a month.

It appears that satisfactory results are being obtained from the long continued use of anti-tuberculosis drugs, and it is hoped that this method of treatment will still further reduce the number of patients at large who are a possible source of infection to others. The number of patients receiving collapse therapy is diminishing and many patients are now spared the necessity of prolonged attendance at refill clinics as out-patients.

#### *Prevention*

The recently published findings of the Medical Research Council have proved the value of B.C.G. vaccination in preventing tuberculosis. In so far as the work of the Chest Clinics is concerned, vaccination is offered to contacts and other persons subject to a special risk of infection. Vaccination clinics are held every fortnight. Since the primary case is usually admitted to hospital without delay, it is only rarely necessary to arrange for the segregation of contacts. As primary tuberculous infection is occurring later in life, B.C.G. vaccination is being offered to older age groups.

Every effort is made by health visitors to ensure that contacts attend for examination on diagnosis of the primary case, and on subsequent occasions as necessary.

#### *After Care*

The Voluntary Care Committee have undertaken a great deal of useful work during the year, not only in helping individual patients, but also in maintaining an interest in tuberculosis problems amongst the general public.

Our patients have received prompt and helpful attention from the officers of the National Assistance Board. Those requiring re-employment have been placed in suitable employment by the Disablement Resettlement Officers of the Labour Exchange, with little difficulty in most instances. Those requiring rehabilitation have attended the Industrial Rehabilitation Unit at Fishponds, and training courses have been arranged for those considered suitable. The Remploy Factory at Southmead for tuberculous patients, which is in the process of changing from wood-working to the lighter employment of rubber seal manufacture, continues to provide much-needed sheltered employment for those unfit for open industry. It is a measure of the improvement in the situation that this factory has vacancies which at present cannot be filled.

The supply of free milk to tuberculous patients continues to be of value in ensuring their adequate nutrition and resistance to infection.

The position in regard to rehousing tuberculous patients has much improved in recent years.

#### Conclusion

New methods of diagnosis and treatment have resulted in a very substantial fall in the number of deaths, and most patients now leave hospital with every chance of maintaining their health in the future. Whilst this in itself is most satisfactory, the fact that the failures in treatment are few means that few patients leave hospital still a source of infection to others. Thus the preventive and public health aspect of the disease is more circumscribed and our resources can be concentrated on the remaining infectious patients, and in attempts to discover undiagnosed sources of infection. The great improvement in milk supplies renders infection from this source increasingly unlikely, and again makes it more profitable to search for and treat human carriers of the disease.

The whole situation has improved so much in the last decade that there are good grounds for optimism about future progress, but, before it is possible safely to forecast the eradication of tuberculosis, there will have to be signs of a fall in the number of new cases comparable to that which has taken place in the number of deaths. To achieve this, it may well be necessary to use as widely the specific methods of prevention, namely tuberculin testing, radiological examination, and B.C.G. vaccination, in the examination of the healthy, as the specific methods of treatment, antibacterial drugs and surgery have been used in the treatment of the sick.

#### MASS RADIOGRAPHY SERVICE

*Report of Survey in Gloucestershire during the period 1st January to 31st December, 1955*

		Male	Female	Total
Miniature Films	.. ..	24,529	17,513	42,042
Large Films				
Total Recalled	.. ..	546	300	846
Did not attend	.. ..	17	8	25
Normal	.. ..	229	145	374
Significant	.. ..	195	88	283
*Under Observation	.. ..	105	59	164

*Tuberculous Conditions*

		Male	Female	Total
Active Tuberculosis	.. ..	25	11	36
Inactive Tuberculosis	.. ..	52	26	78
Under Observation *(included in the above total)	.. ..	47	25	72

*Analysis of Tuberculous Cases*

Age	Under 15	15-24	25-34	35-44	45-59	60 and over	Total
Active Tuberculosis							
Male .. ..	3	2	4	6	7	3	25
Female .. ..	—	3	6	1	1	—	11
Total .. ..	3	5	10	7	8	3	36

Inactive Tuberculosis							
Male .. ..	2	5	10	13	19	3	52
Female .. ..	—	2	10	3	10	1	26
Total .. ..	2	7	20	16	29	4	78

Cases Previously Detected (included in Tables above)	Male	Female	Total
Active .. .. ..	1	1	2
Inactive .. .. ..	8	1	9

<i>Non-Tuberculous Conditions</i>	Male	Female	Total
Acquired Cardio Vascular Lesion ..	11	3	14
Acquired Abnormality of the Bony Thorax .. ..	6	—	6
Abnormality of the Diaphragm ..	1	1	2
Bronchial Carcinoma .. ..	6	2	8
Benign Tumour .. ..	2	—	2
Bronchiectasis .. ..	14	10	24
Congenital Cardiac Lesion ..	4	2	6
Collapsed Lobe .. ..	1	—	1
Cystic Degenerative Disease ..	1	—	1
Bacterial & Virus Infections of Lungs	12	4	16
Congenital Abnormality of the Bony Thorax .. ..	1	5	6
Enlarged Mediastinal Glands ..	1	1	2
Emphysema .. ..	5	1	6
Foreign Body in Lung .. ..	1	—	1
Metastases in Lung .. ..	—	1	1
Pulmonary Fibrosis .. ..	17	8	25
Pleural Thickening .. ..	20	11	31
Pneumoconiosis .. ..	13	—	13
Sarcoidosis .. ..	—	1	1
Shrapnel in Rib .. ..	1	—	1
Spontaneous Pneumothorax ..	—	1	1
Tumour of Bony Thorax .. ..	1	—	1
<b>Total .. ..</b>	<b>118</b>	<b>51</b>	<b>169</b>

## 2. GENERAL

### (a) *Home Nursing Requisites*

The British Red Cross Society and the St. John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles and maintain 66 depots. The voluntary effort expended in administering these depots is a source of much satisfaction.

Articles which are required for long periods or permanently are supplied through the Health Department and include supplies of beds, bedding, disinfectants and paper handkerchiefs for tuberculous patients.

### (b) *Rest Homes*

#### (i) *Old People*

The arrangements with the Gloucestershire Old People's Housing Society for the maintenance of beds at Toddington Grange for elderly persons recuperative and holiday home care continues very usefully. Admissions during the year totalled 77.

(ii) *General*

Patients in need of rest and recuperation, numbering 157 in the year, have been sent to voluntarily administered Homes. This figure excludes mothers with young children who have been included in the Maternity and Child Welfare Section of this report.

(c) *Health Education*

The Area Health Sub-Committees provide the majority of the programmes of health education. The library of film strips continues to increase as does the demand for this type of visual aid. The requests for the showing of motion talkie films particularly at Child Welfare Centres does not lessen. The Central Council for Health Education has provided the basis of several local programmes. The Health Visitors make much use of magnetic blackboards and flannelgraphs. The problem of accidents in the home received much thought and every opportunity is taken of emphasising the need of studied and continued care.

## (XIV) HOME HELP SERVICE

Recruitment of Home Helps became more than usually difficult in five of the eight Divisional areas of the County. All available labour there was already being used and it seemed unlikely that the Service could expand.

In three areas, however, namely, the Forest, Stroud and Kingswood, requests for help were still increasing and labour was available there to meet the requests, and the Council agreed that in 1956 the present staff should be increased by an additional Organiser and Clerk in each of the three areas still open to expansion.

Four Training Sessions for Home Helps, each of one day's duration, were held in the spring and summer in Gloucester. The Senior Domestic Science Students from the Gloucestershire Training College of Domestic Science attended to assist a panel of experts to deal with questions on domestic matters raised by the thirty to forty Home Helps who attended each course.

As in previous years, arrangements were made whereby First-Year Students from the Gloucestershire Training College of Domestic Science worked as unpaid Home Helps as part of their training.

In May a Plus Rate of twopence an hour was introduced by the Western Provincial Council for Home Helps working in households where there is an infectious disease.

Consideration and approval were given in September to the introduction in 1956 of a Night-Sitters-In Service to be provided in conjunction with the Home Help Service. It is not expected that there will be a great demand for this service and the need will no doubt be greater in Urban than Rural areas.

During the year a few problem families received domestic help but, unfortunately, although considerable successes could be reported while the Home Helps were actually working in such homes, deterioration took place immediately the Home Help was withdrawn. Much better results were reported where help was given in homes which were of a low standard, but in the level distinctly above "problem families." In some cases (particularly where a Resident Home Help is working) the Home Help takes charge of the household finances and her advice both to husbands and wives on household budgeting, etc., has been gratefully received.

It has always been the policy to give a broad interpretation to the work of a Home Help. There has been no intention of limiting her work to that of a cleaner or charwoman but rather to recruit women of a

good all-round ability, whose work can vary according to the needs of the household. For this reason it has not been necessary to review the Service to see if what is becoming known as a Family Help Service could be provided. Where a Home Help is provided, she will take, where necessary, complete charge of a home and her duties include care of the mother in bed (if she is at home), care of children, i.e., feeding, washing, dressing, getting off to school, etc., and the usual duties of cooking, shopping, cleaning, washing and ironing. Cleaning of a home only would be of small comfort to a mother ill in bed worrying about her children, and, indeed, Home Helps are instructed that where there are children in the home their needs and care are of the first importance. Some authorities are now instituting a Family Help Service to run with the Home Help Service, but as the same woman covers all these duties under the Home Help Service in this County, the Service is both flexible and comprehensive enough to continue to deal with all cases needing special help.

From the figures shown below it will be seen that part-time Home Helps form roughly 90 per cent of the Service, but the full-time Home Helps whose weekly wages are guaranteed, in fact, form the strong backbone of the Service and with them it is hoped to maintain a continued reputation for reliability, particularly in dealing with maternity cases, for which bookings are made many months ahead.

In more than 100 homes assisted, the mother was away in hospital, usually for two to three weeks, and approximately 330 children were cared for without application being made to the Children's Officer for accommodation or the husband being off work.

*Number of Organisers*

1 County Home Help Organiser  
8 Area Organisers  
1 Relief Organiser

*Home Helps*

		1951	1952	1953	1954	1955
Full-time (including Residents)	..	56	70	78	109	114
Part-time .. .. ..	..	654	664	720	804	856
Total Full-time Equivalent .. ..	..	200	216	240	265	280
Hours of Assistance .. ..	..	457,080	494,055	547,170	594,704	639,124
Homes attended .. ..	..	2,395	3,108	3,264	3,652	*3,754

\*Divided as follows:—

Chronic sick and aged	..	..	1,924
General sickness	..	..	1,020
Maternity	..	..	708
Tuberculosis	..	..	102
			3,754

## (XV) MENTAL HEALTH

## 1. ADMINISTRATION

*Mental Health Sub-Committee*

With the growth of the Occupation Centres responsibility for their day-to-day running was delegated to the Area Sub-Committees, but matters of principle and co-ordination remained the concern of the Mental Health Sub-Committee.

## 2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Lunacy and Mental Treatment Acts*

Patients admitted to mental hospitals:—

*Classified Patients*

Certified ..	..	..	..	94
Voluntary ..	..	..	..	571
Temporary ..	..	..	..	16
				—
Total ..	..	..	..	681
				—

*Admissions for Observation Purposes*

Section 20 ..	..	..	..	67
Section 21 (1)	..	..	..	63
				—
Total ..	..	..	..	130
				—

As in previous years, the majority of the voluntary patients were admitted without the services of the mental health staff, but these officers dealt with 347 admissions of all types.

The following figures illustrate the increase in the number of persons entering hospital for mental treatment since 1949. They are bound up of course with the increasing and ageing population but also with a greater willingness to seek treatment:—

Class of Patient	1949	1950	1951	1952	1953	1954	1955
Certified ..	170	139	137	131	112	123	94
Voluntary ..	361	364	383	359	427	522	571
Temporary ..	21	16	22	24	23	21	16
Totals ..	552	519	542	514	562	666	681

There has been a steady decline in the number of certified patients, and last year, for the first time, there were less than 100. This may be traced to the extended use made of admissions under Fourteen-Day Orders, in circumstances which would often justify direct certification. Also the receiving hospitals made wide use of the fourteen-day extension permitted under Section 21 (a) of the principal Act. As a result, of the 130 patients admitted under Sections 20 and 21 (1), 41 were discharged at the end of their period of observation without further action having been taken. A further 13 died before their Detention Orders expired.

*After-care*

Patients requiring after-care were visited by the Mental Health Officers following discharge from hospital. It is hoped to extend this service as more officers become available for the work.

(b) *Mental Deficiency Acts*

(i) *Admissions to Hospitals and Guardianship Orders*

By petition .. .. ..	10
Placed by parents .. .. ..	13
Secretary of State Orders .. .. ..	4
Court Order .. .. ..	1
Place of Safety Order .. .. ..	1
Varying Orders (hospital care to guardianship)	3
Guardianship Order .. .. ..	1
	—
Total .. .. ..	33
	—

In addition 2 Orders for hospital care, 1 admission under Section 3, and 1 Order varying a Guardianship Order were arranged on behalf of other local health authorities.

There was a marked increase in the number of patients placed under hospital care by their parents (13, as against 2 in 1954) and a consequent reduction in the number of petitions (10 as against 26). This extended use of Section 3 of the Mental Deficiency Act, 1913, was supported by the Medical Superintendents of the hospitals concerned and reflected the trend of public opinion that admissions should, so far as possible, be arranged without a Judicial Order.

Short-term care in mental deficiency hospitals was provided for 17 patients during the year. In the majority of cases this was arranged in order to give the mothers a period of relief.

(ii) *Ascertainment*

129 new cases were reported. Of these 40 were referred under Section 57 (3) and 44 under Section 57 (5) of the Education Act, 1944. The cases were dealt with as follows:—

		Under 16		Over 16		Total
		M.	F.	M.	F.	
(a) Of the cases ascertained to be defectives subject to be dealt with, numbers						
(i) placed under statutory supervision	.. .. ..	39	37	8	12	96
(ii) admitted to hospitals	.. .. ..	2	2	3	2	9
(iii) awaiting decision	.. .. ..	2	—	1	—	3
(b) Of the cases not ascertained to be defectives subject to be dealt with, numbers						
(i) placed under voluntary supervision	.. .. ..	1	1	7	9	18
(ii) in which action was unnecessary	.. .. ..	—	—	3	—	3
Totals	.. .. ..	44	40	22	23	129

At the end of the year, the cases on the register were classified as follows:—

	..	..	..	..	Under 16		Over 16		Total
					M.	F.	M.	F.	
(i) under statutory supervision	..	..	..	..	156	91	212	194	653
(ii) under guardianship	..	..	..	..	6	6	1	1	14
(iii) in a "place of safety"	..	..	..	..	—	—	—	1	1
(iv) in hospitals	..	..	..	..	61	40	198	199	498
(v) under voluntary supervision	..	..	..	..	1	2	77	65	145
<b>Totals</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>224</b>	<b>139</b>	<b>488</b>	<b>460</b>	<b>1,311*</b>

\*This figure shows a net increase of 48 patients over the previous year, despite the removal of 22 names from the register as being no longer in need of supervision.

(iii) *Supervision*

Approximately 800 defectives under supervision in their own homes received periodic visits from the Mental Health Officers. Of these, over 200 attended Occupation Centres or home-teaching classes and another 250 were in regular work. The majority of the remainder were of too low a grade for employment.

(iv) *Licence Cases*

At the end of the year, only 16 patients were under the supervision of the Mental Health Officers whilst on licence from mental deficiency hospitals. This is the smallest number for some years and is accounted for largely by the fact that the social workers of the mental deficiency hospitals situated in the County are now responsible for the supervision of the majority of defectives on licence in the community.

(v) *Guardianship*

Four additional patients were placed under guardianship, 3 of them as a result of Varying Orders from institutional care. Of the 14 patients under guardianship 4 were receiving maintenance allowances from the Council, 2 were employed and self-supporting and 8 were in receipt of National Assistance.

(vi) *Occupation Centres*

At the end of the year, the numbers on the registers at the four Occupation Centres were:—

Cheltenham ..	..	..	..	96*
Cinderford ..	..	..	..	41**
Stonehouse ..	..	..	..	30
Warmley ..	..	..	..	54
<b>Total ..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>221</b>

\*Including 22 from Gloucester County Borough and 1 from Worcestershire.

\*\*Including 2 from Monmouthshire.

There was a wide range among the trainees at all centres, from 4 years upwards, no limit being prescribed.

Transport facilities were further improved, principally in the use of County Ambulance Service vehicles. A bus type vehicle, seating 16 children and a guide, replaced a converted ambulance conveying children to the Stonehouse Centre, and an extra bus-type vehicle was introduced in the Forest of Dean, serving the Cinderford Centre. Of the 196 County children attending the Occupation Centres, 69 were carried by the County Ambulance Service, 122 by private coaches. The remainder used public bus services.

The four centres each held successful sales of work. The wide variety of articles displayed showed resource and initiative on the part of the staffs.

The parents of the children were again active in providing voluntary funds for additional amenities, including an epidiascope at Cheltenham and a cinema projector at Warmley.

(vii) *Home Teacher*

The Home Teacher continued to take groups of children at three centres, viz., Cirencester (7 children, 2 days each week), Fairford (4 children, 1 day weekly), and Campden (4 children, 2 days each week). Most of the children were collected by the Home Teacher from their homes and taken by car to the rooms at which the daily sessions were held. This group training is found to be more valuable than if individual tuition were to be given to each child in his own home.

### 3. CO-OPERATION WITH HOSPITAL AUTHORITIES

(a) *Mental Deficiency Hospitals*

Many enquiries were made by the Mental Health Officers on behalf of several hospitals, principally Stoke Park, Hortham and Pewsey. The Medical Superintendents of these hospitals gave valuable assistance in providing vacancies wherever possible. These were allocated as follows:—

		Long-term Admissions	Short-term Admissions
Stoke Park Hospital	..	12	12
Hortham Hospital	..	11	3
Pewsey Hospital	..	4	2
Total	..	27	17

Members of the Mental Health Sub-Committee visited both Stoke Park and Hortham Hospitals. They welcomed the opportunity to see the premises and speak to Gloucestershire patients.

The South Western and Oxford Regional Hospital Boards were always helpful when approached for assistance in dealing with urgent cases.

(b) *Mental Hospitals*

The Horton Road and Coney Hill Hospitals, Gloucester, continued to accept all types of patients, despite increased demands upon their accommodation. I am grateful to the Medical Superintendent, Dr. F. C. Logan, for the help he has so unsparingly given to members of my staff during the past years.

In the south of the County, 52 patients were admitted for observation to Stapleton Hospital. The Mental Health Officers worked in close co-operation with the medical officers of that hospital and of the Bristol Mental Hospital in arranging the care of these patients.

### 3. National Assistance Act, 1948

#### CARE OF HANDICAPPED PERSONS

##### (a) *Blind*

###### *Ascertainment*

There was a decrease of 11 in the number of blind persons. At the end of the year there were 896; 112 blind registered during the year show a decrease of 65 on the previous year, exclusive of transfers from other counties.

#### AGE AT ONSET OF BLINDNESS OF NEW CASES, 1955

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 plus	Not Known
—	1	1	1	—	1	2	1	3	5	5	5	3	6	78	—

#### RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

	Recommendations	Causes of Blindness			
		Cataract	Glaucoma	Retrobulbar Fibroplasia	Others
(i) <i>Blind</i>					
(a) No treatment	.. .. .. .. ..	30	2	—	49
(b) Treatment (medical, surgical or optical)	..	11	4	1	15
Number of cases which on follow-up action have received treatment	..	3	2	1	9
(ii) <i>Partially sighted</i>					
(a) No treatment	.. .. .. .. ..	8	1	—	9
(b) Treatment (medical, surgical or optical)	..	2	1	—	6
Number of cases which on follow-up action have received treatment	..	—	—	—	1

Based on the figures at 31st December, 1955, a table giving details of education, training and employment is set out below.

							Number
Aged 2 years	At home	..	..	..	..	..	3
2-4	1 at home, 1 at Sunshine Home	..	..	..	..	..	2
5-15+	Attending Special Schools	..	..	..	..	..	11
	Attending other schools	..	..	..	..	..	2
	Ineducable; in Institutions or at home	..	..	..	..	..	7
	Undergoing training (sheltered employment)	..	..	..	..	..	2
	Undergoing training (professional)	..	..	..	..	..	1
	Unemployed but capable and available for work subject to training						2
	Unemployed but capable and available for work without training for open industry	..	..	..	..	..	1
	In Workshops for the Blind	..	..	..	..	..	9
	Approved Home Workers	..	..	..	..	..	18

*Gainfully employed*

Agricultural workers	..	..	..	..	..	8
Basket maker, St. Dunstan's	..	..	..	..	..	1
Clerks and typists	..	..	..	..	..	2
Dealers and agents	..	..	..	..	..	4
Domestic workers	..	..	..	..	..	3
Factory operatives	..	..	..	..	..	39
Massage and physiotherapy (St. Dunstan's)	..	..	..	..	..	2
Mat makers (St. Dunstan's)	..	..	..	..	..	3
Ministers of religion	..	..	..	..	..	2
Music teacher (at Special School)	..	..	..	..	..	1
School-teacher	..	..	..	..	..	1
News vendor	..	..	..	..	..	1
Netting maker (St. Dunstan's)	..	..	..	..	..	1
Porter	..	..	..	..	..	1
Poultry-keepers	..	..	..	..	..	2
Sundry	..	..	..	..	..	8
Telephonists	..	..	..	..	..	6
Not available for employment—16-59	..	..	..	..	..	66
60-64	..	..	..	..	..	32
Not capable of work—16-59	..	..	..	..	..	66
60-64	..	..	..	..	..	11
Over 65	..	..	..	..	..	578
						—
						896
						—

Employment in sighted industry has been obtained for 9 men and 4 women through the services of the Placement Officer, Royal National Institute for the Blind and the Ministry of Labour and National Service. Any blind person who desires employment is interviewed by the Secretary and Placement Officer, who decide whether a course of Industrial Rehabilitation is desirable, and if so the names are submitted to the Ministry of Labour and National Service.

*Home Teaching Service*

The Service consists of the Secretary and 6 qualified Home Teachers. There are Social Centres held at Almondsbury, Cheltenham, Cinderford, Cirencester, Kingswood, Stroud, Tewkesbury and Wotton-under-Edge, and 2 weekly Handicraft Classes at Cirencester and Stonehouse.

During the year the Home Teachers have paid 8,448 visits to the blind in their own homes, given 695 lessons in reading embossed literature (Braille and Moon), Deaf/Blind Manual, and handicrafts, and what is so important, taught the blind how to live as normal a life as possible.

*Homes*

The few vacancies which become available at both the Homes are soon filled. The extension to Ellerslie, Cheltenham, expected to be completed in 1956, from 21 to 38 beds, will provide further accommodation which is urgently required for those in need of extra care. The help given by voluntary visitors at both Ellerslie and Ferney Hill, Dursley (23 beds, for infirm blind), is very much appreciated by the staff and residents. In addition to letter-writing and shopping, concerts and entertainments are also provided by those who have taken an interest in the Homes.

*Partially Sighted Register**Ascertainment*

During the year 27 new names were added to the Register, making a total of 111. Three names were removed to the Blind Register and one from the Blind Register to the Partial.

TOTAL NUMBER ON REGISTER—AGE GROUPS 31ST DECEMBER, 1955

0-1	2-4	5-15	16-20	21-49	50-64	65+	Total
1	—	21	10	13	16	50	111

The following table shows how the Register is compiled:—

Aged 0-1	At home	..	..	..	1
5-15+	At Special Schools	..	..	..	16
5-15	At Ordinary Schools	..	..	..	6
	Not at school	..	..	..	1
	Trainable	..	..	..	2
	Employed	..	..	..	17
	Not available	..	..	..	68
					111

NEWLY REGISTERED 1955

Age	0-1	2-4	5-15	16-20	21-49	50-64	65
No.	1	—	4	—	2	5	15

(b) *Deaf (other than Deaf and Dumb)*

1,383 home visits were made throughout the year by the Welfare Officer, but as the registered numbers had risen to 612 some cases did not receive all the attention considered desirable.

Two pre-school children attended a fortnight's course with their mothers at the Ealing Hostel for Mothers and Deaf Children, and two others have been accepted for training early in 1956. A Hearing Assessment and Training Clinic was set up at the Gloucestershire Royal Hospital which proved invaluable, especially where the pre-school child and the hard-of-hearing child attending normal school are concerned. Five pre-school children have attended this Clinic monthly throughout the year. Of these 5, 3 are on waiting lists for special schools and 1 has made such progress it is hoped she will be able to attend an ordinary school at 5.

Sixty children wearing aids and attending ordinary schools are on the register, but this is probably only a part of the total number in the County. Many of these have attended the Hearing Assessment Clinic for supervision.

Three school-leavers have been placed in employment during the year; 2 had been in attendance at ordinary schools.

The District Rehabilitation Officers and Youth Employment Officers have continued to be most helpful and employers are gradually becoming aware that deafness need not prove a liability in industry; employers have been most co-operative. Five adults have been placed in employment during the year.

Some 30 domiciliary visits with the Otologist have been made to old people and most of them have made good progress with their hearing aids.

The Area Mental Health Officers have referred 6 persons, 3 of whom have been fitted with hearing aids, the other 3 not being sufficiently co-operative to enable help to be given. Three Occupation Centre attenders have been referred, one of whom has been fitted with an aid and 2 are awaiting assessment.

Two persons in Mental Hospitals have received hearing aids.

With regard to the doubly handicapped, close co-operation has been maintained throughout the year with the County Association for the Blind and Organising Secretary for the Physically Handicapped.

With the notification of an 11-month-old baby, it is hoped this is a sign of earlier diagnosis of deafness in small children. At this age help can be given which may lead to the child being able to attend an ordinary school instead of a special boarding school for the deaf.

Regular engagements include two fortnightly lip-reading classes at Cirencester and Tewkesbury; the latter, however, had to be discontinued in September due to lack of support.

Once a month the Welfare Officer attends Mr. Johnston's Out-patient Clinic at Cirencester and a monthly battery clinic has been held at Coleford, with an average attendance of 12-20 people.

(c) *Cripples*

Care of Physically Handicapped Committee (Gloucestershire Community Council).

The number of registered physically handicapped people continues to increase, 232 new cases being added during the year as against 138 last year. The total number of registrations is 1,604, of these 1,269 are "live cases," in the following age groups:—

	Children under age 16		Persons aged 16-24		Persons aged 65 and over		Total
	M.	F.	M.	F.	M.	F.	
Register of Handicapped Persons (General Classes) ..	134	91	543	422	32	47	1,269

An analysis of 1,000 cases shows that poliomyelitis and rheumatoid arthritis are the chief causes of disablement:—

Poliomyelitis ..	..	..	14.3
Rheumatoid arthritis ..	..	..	13.5
Spastics (cerebral palsy) ..	..	..	8.6
Surgical T.B. ..	..	..	8.0
Amputations ..	..	..	7.4
Congenital deformities ..	..	..	6.6
Injuries due to accidents ..	..	..	5.7
Disseminated sclerosis ..	..	..	3.9
Epileptics .. ..	..	..	3.5
Muscular diseases .. ..	..	..	2.8
Heart diseases .. ..	..	..	2.2
Thrombosis—causing Hemiplegia ..	..	..	2.1
Osteomyelitis .. .. ..	..	..	1.9
Parkinson's disease and other diseases of the central nervous system ..	..	..	1.7

Asthma and bronchiectasis	..	..	1.4
Scoliosis	..	..	1.4
Perthe's disease	..	..	1.2
Spina bifida	..	..	1.2
Haemophilia	..	..	1.0
Other diseases	..	..	11.6

The addition of an Occupational Therapist to the staff has made it possible for many more severely disabled people to have lessons in their homes. There are now 36 patients having regular lessons from the Occupational Therapist, and 10 more ready for their first lesson. In addition to these, many work on their own with occasional advice and supervision and others are taught by four part-time Craft Teachers. All obtain their materials wholesale through the office. Emphasis is being placed on variety and the range of work covered is increasing.

A conference on the Welfare of the Physically Handicapped held in Gloucester was well attended and we were fortunate in having as speakers Mr. E. S. Evans, C.B.E., F.R.C.S., Medical Superintendent to Lord Mayor Treloar's Orthopaedic Hospital, Alton, and Dr. J. B. Stewart, M.B., Ch.B., D.Phys.Med., Consultant in Physical Medicine at Cirencester, Swindon and Pewsey Hospitals.

A Gloucestershire girl, who is paraplegic and does everything from her chair, has been appointed as Warden to a newly-founded department of Daily Living at St. Margaret's Hospital, near Swindon. The department is a special flat where everything is adapted to make it possible for handicapped persons to be taught to run a home and look after themselves in spite of their disability.

Marketing of goods made by the physically handicapped in their homes has this year produced £515. A really high standard of work is demanded, and produced by many of our people, which has resulted in a steady stream of orders. Thanks are due to the many committee members who so kindly help with the selling of these goods at County shows and in the shops where we are given space. A shop window in College Court is now being used to display our handmade goods, and already this has provided excellent publicity, and some good sales have been made.

The sale of remade Christmas cards has proved increasingly successful, a profit of £60 being made this year, thanks to the help of committee members and friends who have supported the scheme, and to the Press who have made it widely known.

The Children's Party was held this year at the Stroud Girls' Secondary Technical School, where the senior girls acted as hostesses and took charge of the children as they arrived, seeing that each one had a really happy afternoon. Entertainments, side-shows, ice-cream, balloons and a special tea made by the girls themselves, all helped to make the day a memorable one for the 94 children who came from all parts of Gloucestershire, and including 14 surgical stretcher cases from Standish Chest Hospital. The success of this experiment was due to the untiring efforts of Miss Trout and her pupils and the many other friends who helped with lifting and transport.

The B.B.C. once again gave us a donation from their Children's Appeal, the money to be spent on specially needy children. Gifts of fur coats, hundreds of fur-lined boots and slippers, wireless sets, tools, books and magazines are also gratefully acknowledged.

Gloucestershire helped to obtain data for a " Baedeker for the Handicapped " which is being produced by the Central Council for the Care of Cripples, to assist disabled people who wish to travel. Most of the investigation was kindly undertaken by members of the Gloucestershire Women's Institutes and the Women's Voluntary Service.

The 8 Area Committees continue to give invaluable help by visiting the physically handicapped, including some in very remote parts of the County, and by arranging outings and parties which give so much pleasure.

## SECTION C

### DISEASES

#### 1. Infectious Diseases

The notifications of infectious diseases received during the year are set out in Table II at the end of this report. There were no notifications in respect of diphtheria and typhoid fever, but there were 2 of paratyphoid fever.

The total number of notifications of scarlet fever during 1955 was 503 as compared with 374 in 1954 and an average of 522 over the previous 10 years.

There were 7,875 cases of measles notified during the year, as compared with 2,107 in 1954. There were 3 deaths.

The number of cases of whooping cough notified was 1,127 as compared with 1,174 in 1954. There were 2 deaths as compared with 3 in 1954.

There were 273 cases of pneumonia notified in 1955 as compared with 176 in 1954. Of these 85 occurred in urban districts and 188 in rural districts. 198 deaths were recorded as compared with 178 in 1954.

Sixty-one cases of dysentery were reported as compared with 111 in 1954, 22 in urban districts and 39 in rural districts.

The number of cases of anterior poliomyelitis notified was paralytic 38, and non-paralytic 17. There were 2 deaths.

The outbreaks occurring in Cheltenham Borough (11) and the Sodbury Rural District (9) gave the largest numbers in any single sanitary district. The Cheltenham incidence was in the last 3 months of the year. There was no connection between any of the cases. The more severe cases were in adult patients. The majority of the Sodbury cases occurred in June and July, being scattered over the district with the exception of 3 cases in one locality.

The notifications of puerperal pyrexia increased from 64 in 1954 to 106 in 1955.

#### 2. Venereal Diseases

The following table shows the number of County cases coming under treatment during 1955 at the various treatment centres.

		<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Bristol, Maudlin Street Clinic	..	4	10	59	73
Bristol, Southmead Hospital	..	1	—	8	9
Cheltenham General Hospital	..	9	20	78	107
Gloucester, Glos. Royal Hospital	9	—	15	92	116
Oxford, Radcliffe Infirmary	..	—	—	4	4
		—	—	—	—
Totals	..	23	45	241	309
		—	—	—	—

The figures for the past five years are given in the following summary:—

Year				Syphilis	Gonorrhoea	Other Conditions	Total
1951	..	..	..	39	66	185	290
1952	..	..	..	46	73	209	328
1953	..	..	..	39	76	228	343
1954	..	..	..	26	43	199	268
1955	..	..	..	23	45	241	309

### 3. Malignant Diseases

I am obliged to Major L. Leyland, the Records Officer of the Regional Cancer Records Bureau, for the following statistics which are of particular interest.

#### (a) Cases registered with the Cancer Bureau in 1955:—

##### Malignant Growths of:—

Stomach	..	..	..	..	..	..	67
Colon	..	..	..	..	..	..	65
Rectum	..	..	..	..	..	..	40
Breast	..	..	..	..	..	..	128
Lip and Mouth	..	..	..	..	..	..	5
Tongue	..	..	..	..	..	..	8
Other Buccal Cavity (not Pharynx)	..	..	..	..	..	..	6
Thyroid	..	..	..	..	..	..	2
Bladder	..	..	..	..	..	..	28
Liver and Gall Bladder	..	..	..	..	..	..	11
Prostate and male genital	..	..	..	..	..	..	30
Skin (including Rodent Ulcer)	..	..	..	..	..	..	94
Pancreas	..	..	..	..	..	..	13
Bone	..	..	..	..	..	..	7
Kidney	..	..	..	..	..	..	5
Lung	..	..	..	..	..	..	86
Parotid	..	..	..	..	..	..	4
Larynx and Pharynx	..	..	..	..	..	..	6
Oesophagus	..	..	..	..	..	..	13
Cervix	..	..	..	..	..	..	30
Uterus	..	..	..	..	..	..	24
Vulva and Vagina	..	..	..	..	..	..	8
Ovary	..	..	..	..	..	..	28
Brain & C.N.S.	..	..	..	..	..	..	13
Melanoma	..	..	..	..	..	..	2
Reticulo Endothelial	..	..	..	..	..	..	27
Other malignant diseases	..	..	..	..	..	..	5

(b) *Survival table as at 31st December, 1955, of cases registered in 1950.*

Region	Total	Cases	Alive
Lip	5	—	
Tongue	10	—	
Salivary Gland	3	1	
Floor of Mouth	3	—	
Other Parts of Mouth	1	1	
Oral Mesopharynx	3	—	
Nasopharynx	1	—	
Pharynx (unspecified)	1	—	
Oesophagus	7	1	
Stomach	30	—	
Large intestine (except rectum)	33	5	
Rectum	36	2	
Liver	4	—	
Pancreas	5	—	
Peritoneum	2	—	
Nasal Cavities	5	3	
Larynx	3	—	
Bronchus	30	—	
Mediastinum	1	—	
Breast	80	31	
Cervix	18	6	
Uterus	19	8	
Ovary	16	4	
Other Female Genital Organs	9	3	
Prostate	12	1	
Testis	2	1	
Other Male Genital Organs	1	—	
Kidney	6	—	
Bladder	17	3	
Melanoma of Skin	1	—	
Skin	21	13	
Rodent Ulcers	43	27	
Brain	1	—	
Thyroid	2	—	
Endocrine Glands	1	—	
Bone	5	1	
Connective Tissue	1	—	
Secondary Lymph Nodes	3	1	
Lymphosarcoma	2	—	
Hodgkin's Disease	5	2	
Plasmacytoma	1	1	
Leukaemia	4	2	
Other Sites	4	—	
<b>Total</b>	<b>457</b>		

## SECTION D

## SANITARY CIRCUMSTANCES OF THE COUNTY

## Water Supplies, Sewerage and Housing Services

The following are extracts from the reports of the District Medical Officers for the year 1955:—

## CHELTENHAM BOROUGH

## Water

A description of the four sources of supply was given in the 1953 Annual Report and no changes of any importance have been made since.

Some 4,845 yards of new mains were laid during 1955 and 1,389 yards of old mains renewed.

## Sewerage

Sewers were relaid in Alstone Croft, Shurdington Road, rear Leckhampton Road and Albert Place, covering some 807 yards of 15ins. 12ins. and 9ins. sewers. Work has commenced on the provision of a Stormwater Settling Tank of 1,000,000 gall. capacity, new Detritor and Stormwater overflow and one new Settling Tank of 426,000 gall. capacity.

## Housing

During 1955, 428 Council houses and 166 private houses were completed.

## TEWKESBURY BOROUGH

## Water

New connections to the public mains during the year were 55. No extensions of mains were made. 1,640 houses now have a mains water supply and 122 houses are served by stand pipes. Only 9 houses out of the 1,771 houses in the Borough are without mains water.

## Sewerage

Steady progress was made in constructing the new sewage works and pumping station at Newtown, and early in the year the pumps were brought into service. Work on the main pumping station was continually delayed owing to floods and it was not until the end of the year that partial pumping from this station was commenced.

## Housing

The number of new houses erected during the year was 69, 59 Council and 10 private houses. Twenty-nine houses were under construction at the end of the year.

## NAILSWORTH URBAN DISTRICT

## Water

Samples of water from the Stroud District Water Board mains and private supplies were submitted for bacteriological examinations with the following results:—

Type of Sample	No. of Samples Taken	Satisfactory	Unsatisfactory
Main Supply ...	5	5	Nil
Wells and Springs	16	5	11

Six houses have been connected to the main supply of the Stroud District Water Board.

*Sewerage*

Main sewers are laid in the greater part of the following districts: Nailsworth, Newmarket, Forest Green, Shortwood, Harley Wood, but numbers of houses are not connected to the sewer, in most cases due to the difference in levels.

Parts of the district remaining unsewered are the Rockness Hill, Theescombe and Pinfarthings area.

The Septic Tank or Cesspool is therefore the most common method of drainage in these districts. No Cesspools have been emptied free of charge during the year; thirteen have been emptied, the owners paying the cost thereof to a total of £39 10s. 0d.

The 1951 Census stated that 127 of the houses within the district were not provided with a water closet.

*Housing*

No. of Council houses erected, 1955	...	...	...	...	...	Nil
No. of Private Enterprise houses erected, 1955	...	...	...	...	...	7
<b>Total</b>	...	...	...	...	...	7
						—
No. of Council houses under construction, 31st December, 1955	...	...	...	...	...	6
No. of Private Enterprise houses under construction, 31st December, 1955	...	...	...	...	...	6
<b>Total</b>	...	...	...	...	...	12
						—

**CHELTEHAM RURAL DISTRICT***Sewerage*

The rapid building development in Bishops Cleeve and increase in population to over 2,000 had caused the sewage disposal works at Brockhampton to be overloaded, giving rise to pollution of the river.

Reconstruction of the disposal works at Brockhampton was completed during the year to serve the parishes of Bishops Cleeve, Southam and Woodmancote.

Work was in progress during the year to provide the village of Birdlip with a sewerage system and sewage disposal works.

The Minister gave approval to the Council to proceed with the scheme for disposal works for the village of Great Washbourne.

*Housing*

448 houses were erected during the year, of which 326 were erected under private enterprise.

**CIRENCESTER RURAL DISTRICT***Water*

The extension of the South Cerney/Somersford Keynes mains to serve Ewen was completed during the year. The proposed scheme of water supply for the eastern area of the district was revised, necessitating the re-siting of the reservoir and the re-routing of a number of mains.

*Sewerage*

Owing to the financial condition of the country, the construction of the new Fairford sewer and sewerage disposal works has been delayed. A local enquiry has been held into the proposed sewerage scheme at South Cerney.

*Housing*

Sixty Council houses were completed and occupied during the year, and 32 houses were in the course of erection at the end of the year. During the year 22 private houses were erected and 16 houses were in the course of erection.

## EAST DEAN RURAL DISTRICT

### *Water*

The main Greenbottom Supply serves almost all the properties in the parishes of Cinderford, Drybrook, Ruspidge, Ruardean and Littledean, and this was maintained by being augmented by 33,400 gallons per day from the West Dean Lime Kiln Pool Springs.

The laying of mains in the Awre parish continued and by the end of the year some 85 properties were connected. Work was commenced on the extension of the mains to Mitcheldean, and it is hoped that permission will be given to extend these mains further to supply Longhope without delay.

### *Sewerage*

Most of the parishes of Cinderford, Ruspidge and parts of Drybrook are seweraged to the Soudley works which are much overworked. Ruardean, Littledean and Mitcheldean have their separate works. The scheme to sewer Blakeney should be commenced soon. Longhope, Huntley, Churcham and Blaisdon and parts of the Drybrook parish are not seweraged.

### *Housing*

Eighty-three Council houses and 48 private houses were completed during the year making 701 Council houses and 198 private houses built in the post-war period.

## GLOUCESTER RURAL DISTRICT

### *Water*

During the year 3 miles of new mains were laid and over 5 miles of new mains have been authorised.

### *Sewerage*

There is an urgent need for mains sewage disposal, especially in the Frampton/Saul area, and a scheme is still under consideration by the Ministry. The mains sewerage scheme at Eastington was nearing completion at the end of the year and most houses in the village will have mains sewerage available.

### *Housing*

549 houses were erected during the year, of which 424 were erected under private enterprise. There were 152 Council and 372 private houses under construction at the end of the year.

## LYDNEY RURAL DISTRICT

### *Water*

Progress was made with the scheme to supply St. Briavels and Hewelsfield from the new boreholes. An early commencement is hoped for the scheme involving the building of a reservoir at Chapel Hill, Aylburton, to supply the low levels of Woolaston, Alvington and Lydney from the naturally pure Ferneyley Supply. This will leave the upper parts of Woolaston and Tidenham and parts of St. Briavels still to be supplied.

### *Sewerage*

Progress was made with the laying of main sewers in Aylburton. Lydney is seweraged but a treatment works will be required as the sewerage now runs crude into the River Severn. The central parts of St. Briavels, Alvington and Tidenham need to be seweraged.

### *Housing*

Eighty-four Council houses and 34 private houses were completed during the year, making 477 Council houses and 122 private houses built in the post-war period.

## NEWENT RURAL DISTRICT

### *Water*

Over 12 miles of extensions to mains were made during the year, and over 6 miles of extensions have been authorised. The 14 parishes in the district all have mains water supplies, which compares with only 7 in 1937.

### *Sewerage*

The main sewage works are in Cleeve Lane, Newent, and are practically valueless as regards their supposed function of sewage purification. Advice has been obtained from the Consulting Engineer. In Dymock Village 30 to 40 houses are now connected to the new works and the school will be connected early in 1956.

### *Housing*

Thirty-nine new houses were erected during the year—16 by the Council and 23 by private enterprise: a further 32 houses were under construction.

## NORTH COTSWOLD RURAL DISTRICT

### *Water*

A new pumping station, chlorinating plant and headworks were brought into use at Dovedale, Blockley. The output of the pumps is 288,000 gallons per day, feeding into the Spring Hill reservoir. This new source will augment the supply in the Northern part of the Council's Comprehensive Water Undertaking.

The construction of a reservoir at Wyck Beacon was started. The reservoir will have a capacity of 180,000 gallons and will augment the supply in the Southern part of the district.

### *Sewerage*

#### *Bledington*

The provision of a main sewerage system for the village of Bledington was nearing completion at the end of the year.

#### *Bourton-on-the-Water*

Work was in progress during the year on the construction of modern disposal works and pumping station.

#### *Stow-on-the-Wold*

Ministerial approval was obtained for the Council's scheme to provide Stow-on-the-Wold with a sewerage and sewage disposal system.

### *Housing*

100 houses were erected during the year, of which 37 were erected under private enterprise.

## NORTHLEACH RURAL DISTRICT

### *Water*

The second stage of the comprehensive water scheme is well in hand, which will supply Bibury, Aldsworth, Coln St. Aldwyn and also Quennington (part) and Hatherop in the Cirencester Rural District. Eastleach and Southrop will be supplied by agreement through meters. On completion, which should be in mid-1956, the third and last part of the scheme should be ready to start (subject to Ministerial approval) and will cover Turkdean, Hazelton, Compton Abdale, Farmington, Windrush and Great and Little Barrington.

*Sewerage*

The Northleach sewerage works are working satisfactorily; the scheme is serving 245 houses, of which 195 have been connected to the sewer.

*Housing*

During the year 37 houses were completed, 33 by the Council and 4 by private enterprise.

**STROUD RURAL DISTRICT***Water*

Small extensions to the mains supply have been carried out during the year. Hamlets at the Vatch, Slad and The Edge, Painswick, still have no mains supply. A scheme for Edge is in course of preparation.

Regular samples of the mains supply have been taken and have proved satisfactory.

Thirty-six samples of water were taken from wells and springs, most of which were unsatisfactory. Wherever possible, action was taken to require connections to the mains supply. Other samples were taken for analysis in order to support action under the Housing Acts in connection with the Slum Clearance programme.

*Sewerage*

Good progress has again been made in connecting existing properties to the main sewer. The scheme for sewerage Bisley was started on the 4th July, 1955, and it is hoped that it will be completed towards the end of February, 1956. An improvement in the serious public health problems is expected when property owners make their connections to the new sewer.

Schemes have also been prepared for the villages of Eastcombe and Bussage, and work will begin as soon as the Minister's approval has been granted.

In accordance with the Council's instructions all existing sewers and manholes are now inspected regularly and repaired where necessary. This is a "stitch in time" service and will I feel, prove very valuable in the long run.

*Housing*

Twenty-three Council houses and 79 private houses were erected in 1955. This compares with 47 and 69 in 1954.

Eighty-nine Council and 92 private houses were under construction at the end of the year.

During 1955 roads and sewers were completed which will accommodate 78 Council houses.

**TETBURY RURAL DISTRICT***Water**Tetbury and Tetbury Upton*

New connections to the Council's mains amounted to 14 during the year.

*Avening and Cherington*

These parishes are supplied by the Stroud Water Board and 6 new connections were made to the mains.

*Leighterton*

The scheme for a supply to this parish by the West Gloucestershire Water Company from Didmarton was completed during the year. Some 44 connections to the new mains have been made during the year.

*Kingscote*

Investigations are still continuing regarding the existing water supplies in this parish.

*Sewerage**Tetbury*

New connections to the Council's sewers in this parish amounted to 11 during the year.

*Avening*

The installation of the new sewerage scheme was completed and some 97 connections were made to the new sewer during the year.

*Cherington*

Work on the extension of the Avening sewerage scheme to this village was commenced during the year.

*Tetbury Upton*

The laying of a sewer extension from Tetbury to serve the Twelve Acres area was completed in the latter part of the year.

*Housing*

During the year 6 Council houses were completed at Avening. The Council now have 315 houses, 223 of which have been built post-war.

## WEST DEAN RURAL DISTRICT

*Water*

Of the 231,328,000 gallons pumped during the year, 171,855,000 gallons were from the new Lime Kiln Spring source at Lydbrook and 59,473,000 gallons from the Redbrook Springs.

The use of the Lime Kiln Springs enabled the increase of consumption to be met, and 33,400 gallons per day to be supplied to the East Dean Rural District Council.

*Sewerage*

Only Coleford and the Berry Hill and Mile End parts of the West Dean parish are connected to the new main disposal works at Newland. Bream, Lydbrook and Broadwell badly need to be sewered.

*Housing*

Sixty-three Council houses and 22 private houses were completed during the year, making 594 Council houses and 116 private houses built in the post-war period.

## SECTION E

## INSPECTION AND SUPERVISION OF FOOD

## 1. Milk Supply

The number of licensed pasteurisation plants at the end of 1955 was 26, an increase of 2. One plant at Moreton-in-Marsh removed to a dairy in Oxfordshire. The 3 additional pasteurisation plants are situated at Leckhampton, Nailsworth and Cirencester.

Once again it is pleasing to report that I have had no occasion to recommend that any licence should be revoked, suspended or refused.

The County Sanitary Officers submitted 2,080 samples of pasteurised milk from the 26 licensed plants. Of these 3 failed to satisfy the Methylene Blue (keeping quality) Reductase Test and 23 failed the Phosphatase (test of efficient pasteurisation) Test. A further 2 samples failed to pass both tests at one and the same time. These figures represent 1.3 per cent of unsatisfactory samples. The important factor of giving immediate notification of unsatisfactory samples to plant operators has been continued, as only by this practice can possible defects in the plant machinery be rectified. Each sample failure has been traced to defective recording thermometers. The difficulty of obtaining replacement thermometers seems to get more acute and the time taken to carry out repairs causes great inconvenience to all concerned. The number of keeping quality test failures is greatly reduced from the 1954 figure. This is probably due to the more rigid control exercised by plant operators in the examination of bottles after washing but before milk is filled into them.

Each of the 386 schools sampled by the County Sanitary Officers is supplied with either pasteurised or T.T. milk. During the year 797 samples of pasteurised milk were taken from schools of which 12 failed to satisfy a statutory test. This represents 1.5 per cent of unsatisfactory samples. Of the 50 T.T. milk samples taken from schools 5 failed to pass the appropriate tests, representing 10 per cent of failures. It is pleasing to report that the schools now receiving a raw milk have been reduced to 23.

The usual practice of supervision and sampling of milk supplies to school canteens, Day and Residential Nurseries and various other County Council establishments, has been continued without any unsatisfactory result to report.

**(a) Specified Areas**

On 6th December, 1955, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 (Specified Areas) No. S.I. 1955—1715 Order came into operation. This area includes the Rural Districts of Thornbury, Sodbury and Dursley. There are now 4 Specified Areas in operation in the County, where only designated milks, viz., pasteurised, sterilised or T.T. may be sold. These combined areas now extend from Tewkesbury in the north to the Somersetshire County border in the south. The parish of Tewkesbury is linked up with the Evesham, Stratford-on-Avon, etc., area. No. S.I. 1955—315 Order.

Fifty-three samples of pasteurised milk, 8 of T.T. milk and 27 of sterilised milk were taken from rounds-men's vans and other premises in the Specified Areas and each satisfied the official tests. The approximate population served by a designated milk in the Specified Areas is 295,500, out of the Registrar General's estimated population for the Administrative County of 449,400.

**(b) Adenitis**

The homes of patients notified to be suffering from Tuberculosis Adenitis were visited by the County Sanitary Officers and samples of the milk supply taken and submitted to the laboratory for biological examination. In a similar way the school milk taken by the child, where applicable, was especially sampled and examined.

**(c) Tuberculosis in Calves**

No cases of congenital tuberculosis in calves were reported during the year.

**(d) Brucella Abortus**

During the year all raw milk samples taken were automatically submitted for Brucellosis examination. When a positive result was notified, the District Medical Officer of Health and the Minister of Agriculture, Fisheries and Food's Veterinary Department were notified. A school milk was found to be infected; the supply was immediately changed.

#### (e) Hospital Dairy Farms

On behalf of the Ministry of Health samples of T.T. milk were taken from Coney Hill Hospital Farm, Barnwood. The farm at Hanham Hall Hospital, Kingswood, was sold early in the year and so sampling by the County Sanitary Officers ceased. The number of samples taken from Coney Hill farm was 12, of which 2 failed to pass the keeping quality test. However, a satisfactory explanation was given concerning each of these failures. Biologically each sample was satisfactory.

#### 2. Water Sampling

Samples of water from schools and other County Council premises were collected by the County Sanitary Officers and submitted for chemical and bacteriological examination. One school supply was unsatisfactory and here the responsible persons were asked to boil all water before consumption.

A swimming pool was opened during the year at Dursley Secondary Modern School and weekly samples of the bath water were taken when the pool was in use. This enabled a correct concentration of chlorine to be maintained.

#### 3. Food Hygiene

A considerable number of talks and lectures were given to Student Nursery Nurses, Student Health Visitors, food handlers and discussion groups. Students were given practical instruction at pasteurisation plants, sewage and water works.

#### 4. Animal Health

*Report on work undertaken by Animal Health, Division 28, during 1955, supplied by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries.*

Animal Health Division of the Ministry of Agriculture, Fisheries and Food comprises the Administrative County of Gloucester, and the County Boroughs of Gloucester and Bristol.

##### *Staff*

The technical staff during 1955 comprised a Divisional Veterinary Officer, four whole-time Veterinary Officers, one temporary Veterinary Inspector, two Technical Assistants, and a variable number of Local Veterinary Inspectors who are employed on a part-time basis.

##### *Duties*

Animal Health Division is concerned with the operation and administration of:—

- (a) Diseases of Animals Acts and Orders,
- (b) The Milk and Dairies Regulations
- (c) Tuberculosis (Attested Herds) Scheme
- (d) Calfhood Vaccination Scheme
- (e) Swine Fever—Registered Vaccinated Herds Scheme
- (f) Poultry Stock Improvement Plan
- (g) Artificial Insemination (Cattle) (England and Wales) Regulations, 1943

(a) *Disease of Animals Acts and Orders*

During 1955 notifiable diseases were dealt with as follows:—

	Reports Investigated	No. of confirmed cases
Anthrax ..	107	1
Atrophic Rhinitis	1	—
Foot and Mouth	3	—
Fowl Pest ..	33	12
Parasitic Mange	—	—
Sheep Scab ..	—	—
Swine Fever ..	130	9
Tuberculosis ..	23	17

Under the Disease of Animals (Boiling of Animals Foodstuffs) Order, routine inspections of the concentrator plant operated by Bristol City Council for the treatment of sterilised waste food products were again made. Other plants, operated by owners in certain scheduled areas of the County, were also visited to ensure that all swill was being properly treated before being fed to animals. In addition, factories concerned with the mixing and sterilising of foodstuffs of animal origin intended for export to other countries, were also inspected by this Department to ascertain if the methods of handling and processing these products complied with the requirements of the importing countries.

(b) *Milk and Dairies Regulations*

There are approximately 3,734 dairy herds in this Division, and on 31st December, 1955, details of these herds were as follows:—

(1) No. of Attested herds .. .. ..	1,797
(2) No. of Supervised herds .. .. ..	25
(3) No. of Licensed T.T. herds .. .. ..	36
(Not attested or supervised)	
(4) No. of Non-designated herds .. .. ..	1,538

In addition there were 126 Attested non-dairy and beef herds.

The tuberculin test was applied to 137,265 cattle, and the following animals were clinically examined during 1955:

(1) In Licensed T.T. herds .. .. ..	128,702
(2) In Non-designated herds .. .. ..	1,405

### *Tuberculous Milk—Veterinary Investigations*

During 1955 no initial reports of tubercle bacilli having been found in bulk samples of milk were received from Medical Officers of Health. This is the first year that this has occurred in the County since the Animal Health Division of the Ministry was created in 1938.

### *Congenital Bovine Tuberculosis*

Seven reports of tuberculous lesions having been found on post-mortem examination of calves were received from the Medical Officers of Health. In four cases material taken from the dams were positive for tubercle bacilli, and the animals in question were slaughtered under the Tuberculosis Order. In two cases dams had been slaughtered before enquiry was carried out, and in the other case uterine and milk samples taken from the dam were negative on biological examination.

### *Brucella Abortus Infection in Cattle*

During the year reports were received from Medical Officers of Health regarding the presence of Br. Abortus found in milk samples. In each case, when requested, Veterinary Officers carried out clinical examination of the herds involved, and gave assistance to the Medical Officers of Health or their representatives in the collection of milk samples with a view to ascertaining the origin of infection.

One case of Undulant Fever in a human was reported, and milk samples taken from the herd involved revealed that Br. Abortus was being excreted in the milk.

#### *(c) Tuberculosis (Attested Herds) Scheme*

The percentage of Attested cattle in the County compared with Non-designated cattle on 31st December, 1955, is approximately 53 per cent.

#### *(d) Calf Vaccination Scheme*

This scheme operates for the purpose of conferring immunity against infection with bovine Contagious Abortion, and all female calves from four months of age up to the date of service are eligible for inoculation. Under this scheme 9,124 calves were so vaccinated during 1955.

#### *(e) Swine Fever—Registered Vaccinated Herds Scheme*

As stated in report of 1954 this scheme is designed to encourage owners to have their herds vaccinated with Crystal Violet Vaccine for the purpose of conferring immunity in Swine against infection with Swine Fever. At 31st December, 1955, the number of herds registered in the County was 44.

#### *(f) Poultry Stock Improvement Plan*

Under this scheme the Ministry is responsible for ensuring that poultry flocks are kept free from infection with B.W.D. (Salmonella Pullorum), and with this purpose in view adult birds of all such flock owners are submitted to blood testing at prescribed periods. During 1955, 23 flocks were blood tested and blood samples from 38,670 birds examined, when only 4 reactors were disclosed.

#### *(g) Artificial Insemination (Cattle) (England and Wales) Regulations, 1943*

Under the above regulations veterinary officers in this Division carry out fertility testing of all bulls prior to their being approved for use at Artificial Insemination Centres. All stock at these Centres are also subjected to routine tuberculin tests, and agglutination tests for Br. Abortus.

All Lay Inseminators are examined by veterinary officers prior to their approval.

*Figures relating to Tuberculosis Cases in Gloucester Division for the year ended 31st December, 1955 (Tuberculosis Order, 1938)*

(1)	No. of suspected cases examined .. ..	23
(2)	No. of cases not amenable to the Order .. ..	4
(3)	No. of cases found amenable to the Order .. ..	19
(4)	No. of cases of chronic cough .. ..	7
(5)	No. of cases of T.B. udder .. ..	6
(6)	No. of cases of T.B. emaciation .. ..	—
(7)	No. of cases of excreting T.B. material .. ..	6
(8)	No. of cases of T.B. milk .. ..	—
(9)	No. of cases which proved " advanced " on P.M.E. .. .. .. ..	10
(10)	No. of cases which proved " not advanced " on P.M.E. .. .. .. ..	7
(11)	No. of cases which proved " not affected " on P.M.E. .. .. .. ..	—

Two cases which were amenable under the Order were disposed of as follows:—

- (i) One sent to knackery for slaughter under licence issued to owner, and
- (ii) One sold before being slaughtered under the Order. Owner was proceeded against for contravention of the Tuberculosis Order of 1938.

## SECTION F

### Miscellaneous

#### *Registered Nursing Homes*

At the end of the year there were 8 nursing homes registered in the County, excluding Cheltenham Municipal Borough. Two were registered for maternity cases only, six for general cases only, providing in all 9 maternity beds and 187 others. Regular visits of inspection are made by members of the Medical Staff and generally speaking the conditions prevailing in the homes were satisfactory. The County Fire Prevention Officer has continued to inspect each home for the purpose of checking the maintenance of adequate fire prevention measures.

Cheltenham Municipal Borough continues to administer the powers of registration which were delegated to the Borough under Section 194 of the Public Health Act, 1936.

TABLE I.—BIRTHS AND DEATHS

## DEATHS

## BIRTHS

TABLE II.—1955 SUMMARY

Districts	Scarlet Fever	Whooping Cough	Ac. Polio-myelitis		Measles	Diphtheria	Ac. Pneumonia	Dysentery	Small-pox	Ac. Enc. Lethargic	
			P	NP						I.	PI
<b>Urban</b>											
Charlton Kings	...	—	—	1	—	49	—	1	—	—	—
Cheltenham M.B.	...	107	109	7	4	797	—	36	6	—	—
Cirencester	...	21	38	—	—	238	—	24	7	—	—
Kingswood	...	9	16	—	—	426	—	7	—	—	—
Mangotsfield	...	14	10	4	—	436	—	7	—	—	—
Nailsworth	...	—	5	—	—	136	—	4	1	—	—
Stroud	...	11	88	—	—	536	—	5	1	—	—
Tewkesbury M.B.	...	15	11	—	—	218	—	1	7	—	—
<b>TOTALS U.D.</b>	...	177	277	12	4	2,836	—	85	22	—	—
<b>Rural</b>											
Cheltenham	...	32	43	3	1	419	—	8	2	—	—
Cirencester	...	9	106	1	—	441	—	15	1	—	—
Dursley	...	17	31	2	1	497	—	10	—	—	—
East Dean	...	46	89	—	1	49	—	1	8	—	1
Gloucester	...	51	158	3	1	472	—	32	1	—	—
Lydney	...	5	1	4	—	258	—	1	—	—	—
Newent	...	6	53	—	—	49	—	—	3	—	—
North Cotswold	...	13	39	2	1	331	—	28	1	—	—
Northleach	...	17	72	—	—	95	—	12	—	—	—
Sodbury	...	22	131	4	5	831	—	24	1	—	—
Stroud	...	18	91	3	—	612	—	26	1	—	—
Tetbury	...	—	2	—	1	53	—	3	1	—	—
Thornbury	...	54	12	4	1	442	—	23	20	—	—
Warmley	...	2	6	—	—	142	—	3	—	—	—
West Dean	...	34	16	—	1	348	—	2	—	—	—
<b>TOTALS R.D.</b>	...	326	850	26	13	5,039	—	188	39	—	—
<b>County Totals</b>	...	503	1,127	38	17	7,875	—	273	61	—	—

C.P.—Chicken Pox

M.—Malaria

INFECTIOUS DISEASE NOTIFICATIONS

Enteric or Typhoid Fever	Para-Typhoid Fever	Erysipelas	Meningo-coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal-mia Neona	Tuberculosis			Other
							Pul-monary	Meninges and CNS	Other	
—	—	—	—	—	1	—	3	—	—	—
—	—	4	1	14	54	6	46	2	5	—
—	—	—	—	13	1	—	10	—	2	4 C.P.
—	—	4	—	—	1	—	21	2	5	—
—	—	4	—	1	1	—	21	1	—	—
—	—	—	—	—	1	—	—	—	1	—
—	—	2	—	—	5	—	11	—	4	1 M.
—	—	—	—	—	3	—	4	—	—	—
—	—	14	1	28	67	6	116	5	17	4 C.P. 1 M.
—	—	1	—	5	2	—	6	—	3	—
—	—	2	—	8	—	—	9	—	1	14 C.P.
—	—	—	—	—	1	—	8	—	2	—
—	—	4	1	7	4	—	16	—	1	—
—	—	4	1	—	3	1	34	—	4	—
—	—	1	1	2	4	—	7	—	3	—
—	—	—	—	—	—	—	4	1	1	—
—	—	8	—	1	2	—	20	—	1	—
—	—	—	—	—	—	—	5	1	—	5 C.P.
—	1	11	1	—	10	1	46	—	5	—
—	—	2	—	—	4	—	8	—	9	—
—	—	1	—	8	2	—	1	—	1	—
—	1	5	2	1	7	—	19	—	5	—
—	—	1	—	—	—	—	5	—	2	—
—	—	1	—	4	—	—	16	—	4	—
—	2	41	6	36	39	2	204	2	42	19 C.P.
—	2	55	7	64	106	8	320	7	59	23 C.P. 1 M.

TABLE III.—1955  
CAUSES OF AND AGES OF DEATH

Causes of Death	Under 1 year					65 years and over					Total
	1-4	5-14	15-24	25-44	45-64	1-4	5-14	15-24	25-44	45-64	
1. Tuberculosis, respiratory	...	...	1	—	18	—	—	—	—	—	45
2. Tuberculosis, other	...	...	1	—	—	—	—	—	—	—	4
3. Syphilitic Disease	...	...	—	—	—	—	—	—	—	—	12
4. Diphtheria	...	...	—	—	—	—	—	—	—	—	—
5. Whooping Cough	...	...	—	—	—	—	—	—	—	—	2
6. Meningococcal Infections	...	...	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	...	...	—	—	—	—	—	—	—	—	2
8. Measles	...	...	2	—	—	—	—	—	—	—	3
9. Other Infective and Parasitic Diseases	...	...	—	—	—	—	—	—	—	—	8
10. Malignant Neoplasm, Stomach	...	...	1	—	—	—	—	—	—	—	137
11. Malignant Neoplasm, Lung, bronchus	...	...	—	—	—	—	—	—	—	—	126
12. Malignant Neoplasm, Breast	...	...	—	—	—	—	—	—	—	—	90
13. Malignant Neoplasm, Uterus	...	...	—	—	—	—	—	—	—	—	35
14. Other malignant and lymphatic neoplasms	...	...	—	—	—	—	—	—	—	—	447
15. Leukaemia, aleukaemia	...	...	—	—	—	—	—	—	—	—	12
16. Diabetes	...	...	—	—	—	—	—	—	—	—	20
17. Vascular lesions of nervous system	...	...	—	—	—	—	—	—	—	—	618
18. Coronary disease, angina	...	...	—	—	—	—	—	—	—	—	456
19. Hypertension with heart disease	...	...	—	—	—	—	—	—	—	—	90
20. Other heart diseases	...	...	—	—	—	—	—	—	—	—	1,083
21. Other circulatory diseases	...	...	—	—	—	—	—	—	—	—	168
22. Influenza	...	...	—	—	—	—	—	—	—	—	208
23. Pneumonia	...	...	—	—	—	—	—	—	—	—	34
24. Bronchitis	...	...	—	—	—	—	—	—	—	—	—
25. Other diseases of respiratory system	...	...	—	—	—	—	—	—	—	—	—
26. Ulcer of stomach and duodenum	...	...	—	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	...	...	—	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis	...	...	—	—	—	—	—	—	—	—	—
29. Hyperplasia of prostate	...	...	—	—	—	—	—	—	—	—	2
30. Pregnancy, childbirth, abortion	...	...	—	—	—	—	—	—	—	—	63
31. Congenital malformations	...	...	—	—	—	—	—	—	—	—	454
32. Other defined and ill-defined diseases	...	...	—	—	—	—	—	—	—	—	58
33. Motor vehicle accidents	...	...	—	—	—	—	—	—	—	—	119
34. All other accidents	...	...	—	—	—	—	—	—	—	—	44
35. Suicide	...	...	—	—	—	—	—	—	—	—	2
36. Homicide and operations of war	...	...	—	—	—	—	—	—	—	—	—
TOTALS	...	...	167	28	35	56	197	1,043	3,617	5,143	